THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. XC.—JUNE, 1852.

ORIGINAL COMMUNICATIONS.

Taliacotian Operation. By JOSEPH PANCOAST, M. D., Prof. of Anatomy in Jefferson Medical College. Reported by CHARLES P. TURNER, M. D., of Philadelphia.

Mr. E—— C——, of Pittsburgh, having been, during the past winter, the subject of one of the most successful rhinoplastic operations ever performed, requests that the particulars of his case be presented to the profession through the pages of the Philadelphia Medical Examiner.

The subject of the operation about to be described is a stout, plethoric man, of sanguine temperament, æt. 45. About fourteen years ago he suffered from a severe bilious attack, in the treatment of which, a violent mercurial disease was superinduced, terminating in the destruction of nearly the entire nasal structure. The small remnants of the alæ had collapsed, and united by granulation, forming an irregular ridge, scarcely prominent above the facial level; while the two nostrils, deprived of their septum, formed a single oval orifice externally. The deformity

was great, and the source of extreme anoyance to the patient. He had worn, at different times, an artificial nose, ingeniously constructed by an Italian artist, but the irritation to the cuticle, and the obstruction to free respiration occasioned by it, had caused him to discontinue its use. During the past winter he applied to Prof. Pancoast, who decided to perform at once a plastic operation for the relief of the deformity. The operation was performed before the Class in the amphitheatre of the Jefferson Medical College, on the fourth of February. Preparatory to the operation, a piece of leather corresponding to the size of the nose wanted, was cut somewhat in the shape of a lateral half of a pair of bellows, the handle of the bellows corresponding to the projecting strip about to form the columna nasi. This model was then spread out on the forehead with the base uppermost, and its boundaries accurately marked out on the surface with ink. Care was taken that the model should be sufficiently large, as the complete success of this operation depends, in a manner, upon there being flap enough to allow for all subsequent contractions. The patient being then put under the influence of ether, the remains of the old nose were carefully pared, and the margins of the nasal aperture were cut into deep, narrow grooves. The flap of skin marked out on the forehead was then dissected up, together with all the areolar tissue down to the periosteum, so that the flap hung merely attached by a narrow strip between the eyebrows. Several small arteries bled freely, requiring ligation. After all bleeding had been arrested, the flap was twisted upon itself, so as to bring the raw surfaces into opposition; and the edges, after being bevelled off, were fitted into the edges previously prepared for their reception, and fastened with the plastic suture of Dr. Pancoast.*

The septum was also fitted into a transverse groove cut at right angles to the median line, and drawn firmly into its place by the suture. The nose thus formed was then carefully dressed, internally with greased lint, externally with strips of the same; together with the usual warm water top dressing. The patient was then removed to the Infirmary adjacent to the operating

*For a description of this suture, see Pancoast's Operative Surgery, 2d edition, p. 353.

room, where he was at once put to bed, and the following formula ordered:

℞. Liq. Potass. Citrat.
Liq. Ammoniæ Acet. *aa* f.℥iii.
Antim. et Potass. Tart.
Morphiæ Acetat. *aa* gr. i.
Spirit Etheris Nitrici, f℥ii.
M. S. Take a tablespoonful every hour.

Under the use of this preparation, attention being paid also to the condition of the bowels; the case progressed most favorably until Sunday the 8th, four days after the operation. On this morning the sutures and ligatures were removed by Dr. P., the parts being entirely united. The dressing was now changed. Strips of adhesive plaster were applied over graduated compresses, so as retain the nose in a proper position. Firm rolls of oiled lint were also introduced into the nostrils to prevent collapse. During the afternoon febrile symptoms set in, which were followed in the evening with traumatic delirium. The patient, imagining that some enemy was seeking his life, attempted to throw himself from the window of his room. He was restrained with difficulty by the physician in attendance, and was at last quieted by opiate injections and anodynes internally administered. Towards midnight he fell asleep and rested quietly till morning. Subsequently, the case progressed without an unfavorable symptom. The nose was carefully modelled at every dressing. Occasionally slight granulations sprung up at the alar junctions, which were speedily removed by the Argent. Nitras. The wound in the forehead was treated with the cold water dressing and gradually filled up by the modelling process of Macartney, leaving very little scar. During the seventh week of treatment, the nostrils were trimmed with a straight bistoury into a symmetrical shape; silver tubes were also made from wax models, and fitted into the nostrils. A gutta percha shield appropriately shaped, was fitted closely over the nose, and so fastened with straps so as to prevent all motion of the new member. At the commencement of the eighth week, at the time of the patient's discharge, the appearance of the nose may be thus briefly described: Anterior surface smooth

and uniformly rounded; superior junction slightly irregular, the prominence caused by the twisting of the flap not having entirely disappeared; lateral edges regular, showing very little scar, except at the upper part of the right margin, where it joined the prominence caused by the twist; inferior surface firm, with the edges of the nostrils smoothly turned in; septum slightly prominent, yet firm, and capable of affording considerable support as a columna nasi. In short, the results of the operation have been most satisfactory, not only to the patient himself but to all those who carefully noticed the progress and successful termination of the case. A similar operation, equally successful, was performed last summer by Dr. P. in the case of a young lady from North Carolina. In each of the *nine* rhinoplastic operations hitherto attempted by Dr. Pancoast, the parts have uniformly united by the first intention, and success is mainly to be attributed to the superiority of the *plastic* suture over every other form of ligature.

Influence of the Imagination of the Mother upon the Fœtus.

By L. Slusser, M. D., of Canal Fulton, Ohio.

Whether the fœtus in utero can be affected in its development by extraneous causes, operating through the imagination of the mother; or, at what period of utero-gestation an arrest or perversion of development can take place, if at all; or the precise time at which those influences cease, admitting that they may be produced—are subjects upon which the profession are divided. Without designing to take either side of a question so obscure, and yet so speculative, I shall detail a case in point, allowing the reader to form his own conclusions.

Mrs. R——, aged about 34, a lady of more than ordinary strength of mind, and of cultivated intellect, was married in March, 1850. She is of sanguine temperament, and has always been regular in her menstrual function. About four months after marriage, she became pregnant; but had an abortion in the second month, excited, as she supposed, from fatigue in a long walk. Her convalescence was somewhat tedious, as she suffered considerably from uterine hemorrhage.

Her catamenia restored, continued uninterrupted until June, 1851, when they were again suppressed. The ordinary indications following, she suspected herself again pregnant, in which suspicion she was in due time confirmed by unmistakable signs. Gestation progressed without the occurrence of anything worthy of note, to the sixth month; up to that period she enjoyed unwonted health. Appetite good—bowels regular—spirits buoyant—sleep refreshing—in brief, she was entirely free from those tormenting sympathetic troubles, no less common than harassing to the pregnant female. Desirous of offspring, she looked forward with bright hopes and fond anticipations to her expected confinement.

About this time, a cub bear, brought from California, was purchased by a citizen of the town and kept in an out building of a lot adjoining her residence. The animal, unused to close confinement, kept up a strange and unearthly noise, much resembling that made by a lunatic brother of Mrs. R. who had been under her special charge for several years previous, but now an inmate of an asylum. The peculiarly distressing noise made by the animal, occasioned, as Mrs. R. supposed, by want of food, distressed her exceedingly. She had frequent opportunities of seeing the animal, which always increased her trepidation of mind, which was naturally sensitive. Every effort to control her feelings—to fortify her mind, and resist this influence, was unavailing. The bear seemed ever present in her mind. This constant excitement soon began to sensibly affect her health. Her rest became broken—appetite impaired—bowels costive; in short the whole train of sympathetic disorders frequent in her condition, were unusually aggravated. Medication afforded but temporary relief. Efforts were made to have the bear removed, but they were unavailing.

On Saturday morning, Feb. 28th ult., while yet in bed, she was awakened from sleep by a discharge of water—the membranes having ruptured spontaneously, and without pain. She immediately took a portion of oil, which operated in a few hours. During the day she had a free discharge of water, especially at every movement of the body, but she experienced no pain. In the evening I was called in—made an examination,

and found the os uteri slightly dilated, but tense—the head presenting. About midnight she was delivered of a female child, much emaciated, and in a state of asphyxia. By means of external stimuli, and the substitution of artificial respiration, the child was resuscitated, when I tied the cord, and separated it from the placenta which followed soon after.

The child lived but about twenty hours. The following is a report of an examination made of it by Dr. Dorland and myself, previous to its interment.

The feet and ankles resemble talipes valgus. The soles of the feet flat, and the heels projecting beyond the usual length. The thighs flexed upon the abdomen, and the flexor muscles so contracted as not to admit of full extension, without great stretch of the tissues involved. The same was the case with the upper extremities. The arms could not be raised above a right angle with the body. The wrists turned out—the fingers over-lapped each other, and their flexor tendons were contracted. The nails were elevated in the centre, and quite pointed, much resembling claws. The arms, legs and back were covered with a fine hair from three to six lines in length, of a dark brown color, and so abundant as to strike all who beheld it with wonder and astonishment. The skin along the limbs and back was remarkably rough. In other respects, the appearance of the child was natural, though we did not examine the internal organs. The facial and cranial developments were perfect. The child had nursed, and had a motion of the bowels previous to its death, but no discharge of urine.

The physiological question involved in this case is, could the fœtus, at the period of advance indicated, (not less than six, nor more than seven months,) be susceptible of an alteration from a normal condition, presupposing that up to that period there was a perfect development? As the muscular and dermoid tissues are the last formed, could their development have been arrested from extraneous causes operating through the mind of the mother?

Case of Poisoning by Oleum Gaultheriæ. By THOMAS J. GALLAHER, M. D., of Pittsburgh, Pa.

A youth, named W. Wall, aged nine years, of a sanguine temperament, and easily affected with vomiting and purging by the reception of indigestible articles into his stomach, was persuaded by some boys to swallow a large quantity of the oil of gaultheria. The quantity which he drank cannot be exactly ascertained; though from the statements of the boy himself and others who were with him, we are led to believe that there was at least half an ounce. This occurred on Friday evening, April 23d, 1852, at five o'clock, when his stomach was, comparatively, if not entirely empty. A short time after this, he returned home and ate some supper. After supper he commenced vomiting, and speedily ejected from the stomach all it contained. What he threw up was strongly scented with the oil of mountain tea. The parents thinking he had been eating some of the leaves of this plant, were not at first alarmed about him, but supposed as soon as the stomach was cleared of its contents, he would get better, as he had had like spells before from eating articles equally indigestible. Retching and vomiting, however, continued the whole of the ensuing night whenever anything, as a sup of water, was given to him. The following morning, April 24th, at ten o'clock, I was called to the case.

On arriving, I heard the history of the case, as above described, and further that the patient had had two copious evacuations from his bowels during the night, in both of which the odor of the oil was clearly perceptible. At this time the irritability of the stomach was great, everything received into it being immediately thrown off. The patient complained of very severe and constant pain in the epigastric, and in the inferior part of the hypochondriac regions, which was greatly increased on pressure with the finger. His skin was hot; pulse 125 strokes per minute; mouth parched and dry, tongue dry, smooth and slightly swollen; and his speech rather indistinct, in consequence of the swollen condition of the tongue. The symptoms, however, which were peculiar in this case, were a most inordinate, uncontrolled appetite for food, notwithstanding the irritability of the stomach; a

very slow, laborious, prolonged and peculiarly loud respiration, not stertorous; and a marked dulness of hearing, without impairment of the intellectual faculties. The boy was very restless, and there was a slight increase in the intenseness of the beating of the carotid arteries. His eyes were slightly injected with blood, though this is presumed to be owing to his constant cries for something to eat. His thirst was not as great comparatively as his hunger. He felt no pain in his head, and the temperature of this organ was not greater than that of his body. The pupils of his eyes dilated and contracted freely on the absence and the presence of light. The reasoning powers, so far as I could judge, remained unimpaired, and there was no stupor further than that produced by the dulness of hearing.

The opinion which I formed of the case was, that the patient was laboring under acute gastro-enteritis, from the direct contact of the poisonous oil with the gastro-enteric membrane, and that the nervous centres which govern the functions of hearing and respiration were so injured that they could not develop their nerve power with their accustomed facility.

Eight American leeches were applied to that part of the abdomen in which there was the greatest tenderness; and when these came off, a warm poultice of bread and milk was ordered to be placed over the same part, and to be renewed every fourth hour. A few grains of Hyd. Chlor. Mit. were rubbed up with a scruple of Sacch. Alb., and divided into several parts. One of these was ordered to be dusted upon his tongue every third hour; a teaspoonful of gum-water to be given immediately afterwards, to enable him to get it into the stomach. Every article in the form of food or drink was strictly prohibited, excepting a teaspoonful or two of cold water or gum water occasionally. A saline injection was administered, which was to be repeated every two hours, until it operated freely upon the bowels. I gave the Hyd. Chlor. Mit. in order that it might carry off, by its cathartic action, if it should remain upon the stomach, all the offending oil which might yet remain in the intestines. A portion of the patient's hair was removed from his head, and cold water, by means of a sponge, constantly applied to it.

Next morning, April 25, 8 o'clock. Patient worse. He has had but little vomiting since last visit, though has frequent de-

sire to do so. His importunities for something to eat are piteous. Four ounces of blood, by means of cups, were taken from his epigastrium, and two from behind his ears. Powders discontinued. Poultices and injections continued.

Four o'clock same day. Better. Tongue moist, and abdomen less tender. Slept some during the day. A consultation was held at this hour. Patient pronounced improving. Ten o'clock P. M. Remains better, but still complains of great epigastric oppression and tenderness. His hearing has improved, breathing less laborious and prolonged. Cupped again on the abdomen to to the extent of five ounces. Cold to the head discontinued.

26th. Decidedly better. Hearing entirely restored. Pulse 100 per minute. Appetite still remains voracious. A fly blister was applied to the abdomen, to be followed by poultices. Larger quantity of gum water allowed.

27th. Still improving. Blister raised admirably. Slept soundly all night. Appetite less ravenous.

From this date the patient gradually improved, and in two weeks was entirely restored.

Remarks.—The principal object in reporting this case is to record the effects of the Oleum Gaultheriæ upon the human subject, when given in an over dose. But few instances of poisoning from this article are on record, and these are not accurately described, therefore the medicinal and toxicological properties of it are but imperfectly known. Writers describing gaultheria attribute to it only aromatic and slightly astringent properties. Instances are mentioned of death from its use in large doses, from its causing inflammation of the stomach.

The case above described clearly shows that this plant, or at least its essential oil, possesses more properties than are usually attributed to it. The peculiar symptoms which were produced by its specific action in this instance, were: 1st, great dulness of hearing, without a general disturbance of the cerebral functions; 2, a slow, laborious and loud respiration, not stertorous; 3, a most voracious appetite for food, accompanied by symptoms which indicated gastro-enteric inflammation. These symptoms plainly indicate that Oleum Gaultheriæ acts as a direct and powerful sedative, when given in an overdose, upon those nervous centres which govern the functions of hearing and respiration;

and that it is a powerful irritant to the gastro-enteric mucous membrane, with which it comes in contact, lighting up in it intense inflammation, which inflammation was accompanied by a peculiarly morbid condition of the gastric nerves, as evidenced from the great appetite with which it is attended. It does not appear to exert any specific influence over the cerebro-spinal centres generally, but only upon a few situated in the medulla oblongata.

Mortality of Philadelphia for January, February, and March, arranged from the Record kept at the Health Office. By WILSON JEWELL, M. D.

The following tables have been carefully collated from the mortuary record kept at the Health Office, of the deaths reported to have occurred within the city proper and the several districts, making returns to the Board of Health during the first quarter of the present year, 1852; commencing on the 28th of December, 1851, and terminating on the 27th of March, ult., embracing a period of 13 weeks, or 91 days.

In classifying the causes of death, the recommendation of the American Medical Association has been followed, so far as it would serve as a guide; but in the nomenclature, the record, as found at the Health Office, has been strictly adhered to, which will account for the want of uniformity in the names of several of the diseases, and an occasional repetition.

Table No. 1 furnishes the total number of deaths for each month during the quarter, classified in the order approved by the American Medical Association.

The total number of deaths from all causes, amount to 2785. The population of those districts making returns to the Board of Health, being set down at 409,000, would give 1 death in every 181, and shows an average of 30½ deaths per day, for the quarter.

The deaths in January exceeded those in February, by 198, and in March, by 168.

The record shows an excess of deaths among males of 101.

By deducting the "still born" and the deaths from "External causes," "Old Age" and "Debility," which amount to 347, or 12 per cent. of the total, and 2438 deaths are recorded from recognizable diseases, being equal in number to 26 per day.

Out of the whole number of deaths, including the "still born," 1347, or 50 per cent., were among children under five years of age; of these, 33 pr. ct. occurred from scarlet fever, convulsions, inflammation of the lungs and bronchia, and from small pox.

Table No. 2 contains an acccurate list of the names of the several diseases found in the record, properly classified, together with the number of deaths therefrom, at fifteen distinct periods of life.

Of the deaths from disease, consumption of the lungs contributes a large share, viz., 358, equal to 14 pr. ct., and shows about four deaths daily. Small pox claims 258 deaths, varioloid 6, and variolous fever 1; in all 265, or 11 per cent. of the mortality during the quarter. It is worthy of remark, that the deaths from small pox during these three months, exceed those of any one whole year since 1804, with the exception of 1824, when the deaths for that year from small pox amounted to 325. Judging, therefore, from the present prevalence of the disease in our city, the inference is, that the mortality will be greater this year, than that of any former period. Three-fifths of the deaths from small pox have been under ten years of age.

One hundred and ninety-five deaths are set down to inflammation of the lungs, of which number, 108, or more than half, were under five years of age. Eighty-nine deaths are charged to inflammation of the bronchia, 68 of which were under five years.

Scarlet fever has furnished 126 deaths, all except six being under ten years.

Convulsions give 141 deaths; 131 occurring previous to the tenth year of life: 86 of which were under one year.

Table No. 3 presents in a summary form, the total number of deaths during the quarter, for the fifteen distinct periods of life. By this it appears that 615 or 1-5th of the whole number of deaths, took place before the termination of the 1st year of life. After this period, the highest number of deaths occurred between the ages of 20 and thirty, viz. 312.

Table No. 4 shows the highest, lowest and mean of temperature of each month during the quarter; also the amount of rain, in inches, which fell in each month during the same period.

For this table we are indebted to the record kept at the Pennsylvania Hospital by Dr. Conrad.

TABLE NO. 1.

Deaths for the first quarter of 1852.

	Jany.	Feb.	Mar.	Male	Fem.	Total.
1. *Endemic and Contagious Diseases.* Zymotic or Epidemic,	244	231	201	342	334	676
2. *Uncertain or general seat.* Sporadic Diseases	91	84	106	149	132	281
3. Of the Nervous System,	162	150	139	254	197	451
4. Organs of Respiration,	287	221	240	391	357	748
5. " Circulation,	22	19	27	35	33	68
6. Of the Digestive Organs,	57	36	46	63	76	139
7. " Urinary "	6		3	8	1	9
8. " Organs of Generation,	19	13	17		49	49
9. " Organs of Locomotion,	6	5		8	3	11
10. " Integumentary System,	2	2		1	3	4
11. Old Age,	36	18	15	20	49	69
12. Of External causes,	31	18	25	53	21	74
Still Born,	51	40	50	80	61	141
Unknown,	23	22	20	39	26	65
	1037	859	889	1443	1342	2785

TABLE No. 2.

1. *Endemic and Contagious Diseases.—Zymotic or Epidemic.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Cholera Infantum	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Croup	33	28	13	9	32	7	0	0	0	0	0	0	0	0	0	0	0	61
Diarrhœa	13	13	8	4	2	1	0	1	4	1	1	2	1	1	0	0	0	26
Dysentery	17	17	5	3	5	4	1	2	1	5	2	4	2	0	0	0	0	34
Erysipelas	19	15	15	1	0	1	0	0	6	6	3	4	3	2	1	2	0	44
Fever	3	4	1	2	1	1	0	0	1	0	0	0	0	0	0	1	0	7
" Congestive	1	3	0	0	0	0	1	0	0	0	0	2	1	0	0	0	0	4
" Bilious	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
" Intermittent	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
" Remittent	3	3	0	0	0	0	0	0	0	0	3	0	1	2	0	0	0	6
" Scarlet	55	71	14	30	43	32	1	3	3	0	0	0	0	0	0	0	0	126
" Typhus	16	12	1	0	0	1	0	2	9	6	3	4	2	0	0	0	0	28
" Typhoid	9	11	0	2	2	0	0	3	8	1	3	0	0	1	0	0	0	20
" Variolous	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Hooping Cough	4	3	3	1	1	1	0	0	1	0	0	0	0	0	0	0	0	7
Influenza	0	3	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	3
Measles	21	17	5	15	13	4	0	0	0	1	0	0	0	0	0	0	0	38
Small Pox	142	116	55	29	53	27	6	16	33	15	14	7	0	3	0	0	0	258
Syphilis	1	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Varioloid	2	4	1	3	1	0	0	1	0	0	0	0	0	0	0	0	0	6
	342	334	127	99	154	79	9	28	67	36	29	23	11	10	1	3	0	676

2. *Uncertain or General Seat.—Sporadic Diseases.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
" Psoas	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
" Throat	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Cachexia	2	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2
Cancer	1	2	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	3
" Breast	0	4	0	0	0	0	0	0	0	0	1	1	1	1	0	0	0	4
" Sore Mouth	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
" Cheek and Tongue	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Congestion	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
Cyanosis	5	4	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Debility	36	27	37	4	0	0	1	1	2	3	4	9	1	1	0	0	0	63
Dropsy	12	14	0	3	4	2	0	1	1	4	3	3	3	2	0	0	0	26
Gangrene of Foot	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Gout	3	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	3
Hemorrhage	5	7	4	1	0	1	0	0	3	3	0	0	0	0	0	0	0	12
Inanition	15	14	25	2	0	0	0	0	0	0	1	0	0	1	0	0	0	29
Inflammation	1	2	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	3
Inflam. Parotid Gland	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malformation	5	2	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Marasmus	44	38	42	14	13	1	1	1	2	1	3	2	1	0	1	0	0	82
Mortification	2	2	1	1	0	0	0	0	1	0	0	0	0	0	1	0	0	4
Mortification of Foot	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Scrofula	7	3	1	1	4	1	0	0	1	0	0	2	0	0	0	0	0	10
Tabes Mesenterica	2	5	2	5	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Ulceration	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2
" Throat	1	2	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	3
" Neck	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1
	149	132	133	33	22	5	2	4	14	13	16	20	9	6	4	0	0	281

3. *Of the Nervous System.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Brain	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Apoplexy	13	11	2	0	0	0	0	0	0	2	7	2	1	6	4	0	0	24
Chorea	1	2	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	3
Convulsions	76	65	86	19	18	8	1	3	0	2	1	3	0	0	0	0	0	141
" Puerperal	0	7	0	0	0	0	1	0	3	3	0	0	0	0	0	0	0	7
Cerebral Fever	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Concussion of Brain	1	2	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	3
Congestion "	18	7	4	1	3	1	0	0	4	4	1	2	2	2	0	1	0	25
Disease "	14	17	9	7	5	3	2	0	2	0	0	2	1	0	0	0	0	31
Dropsy "	34	31	21	24	16	4	0	0	0	0	0	0	0	0	0	0	0	65
Effusion "	13	8	8	3	6	2	1	0	0	1	0	0	0	0	0	0	0	21
Epilepsy	3	1	1	0	0	0	0	0	0	1	1	0	0	0	1	0	0	4
Inflammation of Brain	42	27	15	18	12	7	3	3	4	3	0	3	1	0	0	0	0	69
Mania a Potu	13	2	0	0	0	0	0	0	1	2	5	2	5	0	0	0	0	15
Palsy	20	14	0	0	1	0	0	0	1	3	2	5	9	10	2	1	0	34
Softening of Brain	0	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
Spasm of Glottis	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Thymic Asthma	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Tetanus	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Tympanitis	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	254	197	150	73	62	26	9	7	15	22	17	20	22	19	7	2	0	451

4. *Organs of Respiration.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Lungs	6	1	0	1	1	1	0	0	1	2	0	1	0	0	0	0	0	7
Asthma	1	2	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	3
Congestion of Lungs	14	12	9	3	3	0	1	0	2	0	1	1	3	1	1	1	0	26
Consumption "	181	177	7	10	3	7	2	17	109	86	56	29	22	8	2	0	0	358
" Laryngeal	2	1	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	3
Disease of Lungs	2	4	2	0	0	0	0	0	1	1	0	0	2	0	0	0	0	6
Dropsy of Chest	6	4	0	0	2	0	0	0	2	1	1	1	2	1	0	0	0	10
Hemorrhage from Lungs	4	3	0	0	0	0	0	1	1	0	1	1	1	2	0	0	0	7
Hepatization of "	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Inflammation of "	105	90	55	24	29	7	3	5	19	10	12	12	6	11	1	1	0	195
" Chest	3	5	4	2	0	0	0	0	0	0	0	0	1	1	0	0	0	8
" Pleura	3	1	0	0	0	0	0	1	1	0	1	0	0	1	0	0	0	4
" Larynx	4	3	0	1	1	0	0	0	2	2	0	1	0	0	0	0	0	7
" Throat	3	1	0	0	2	0	0	0	1	1	0	0	0	0	0	0	0	4
" Bronchia	46	42	44	16	8	2	0	0	2	3	1	3	4	2	3	0	0	88
Disease of Chest	2	1	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	3
Effusion "	0	2	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2
Tuberculosis	6	6	1	1	1	0	2	2	1	1	0	2	1	0	0	0	0	12
Ulceration of Larynx	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Coryza	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Empyema	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Effusion of Pleura	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	391	357	123	59	51	19	9	27	143	108	75	53	43	29	7	2	0	748

5. *Of the Organs of Circulation.*

	Male.	Female.	Under 1 yr.	1to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100	100 to 110.	Total.
Aneurism of Aorta	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Angina Pectoris	2	1	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	3
Anæmia	3	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	3
Disease of Heart	22	16	5	0	2	0	0	2	7	5	3	7	3	4	0	0	0	38
Dropsy "	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Effusion "	0	2	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Enlargement "	3	7	0	0	0	0	0	1	0	4	0	3	2	0	0	0	0	10
Inflammation "	4	3	1	0	1	0	1	0	2	0	0	1	1	0	0	0	0	7
" Vein	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	2
Malformation of Heart	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	36	32	8	0	3	3	1	3	10	10	3	14	9	4	0	0	0	68

6. *Of the Digestive Organs.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Spleen	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
" Liver	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Abdominal Dropsy	5	2	0	0	0	1	0	0	1	1	1	1	0	1	1	0	0	7
Cancer of Stomach	3	1	0	0	0	0	0	0	0	1	0	2	1	0	0	0	0	4
" Pylorus	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Colic	0	4	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	4
Congestion of Liver	3	2	4	0	0	0	0	0	0	0	0	1	0	0	0	0	0	5
Disease of stom.& bowels	4	3	2	1	0	0	0	0	1	1	0	1	1	0	0	0	0	7
" Stomach	0	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
" Liver	3	1	1	0	0	0	0	0	0	1	1	0	1	0	0	0	0	4
Fatty Degen. of Liver	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Gastric Fever	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hemor'ge from Bowels	1	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Hernia	2	2	1	0	0	0	0	0	0	1	1	0	0	1	0	0	0	4
Cancrum Oris	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Inflam. Stom & Bowels	17	27	20	4	1	1	0	1	5	5	2	2	1	2	0	0	0	44
" Liver	11	3	2	1	0	0	0	0	3	2	1	1	1	1	2	0	0	14
" Peritoneum	3	20	0	0	0	0	0	1	12	3	2	3	0	2	0	0	0	23
Intussusception	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Jaundice	0	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Mortification of Bowels	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Perforation "	1	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2
Schirrus of Pancreas	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Ulcerat. Mouth & Throat	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
" Stomach	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	2
" Bowels	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Worms	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	63	76	37	9	4	2	0	2	25	17	11	15	6	8	3	0	0	139

7. *Of the Urinary Organs.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90	90 to 100.	100 to 110.	Total.
Disease of Kidneys	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
" Bladder	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
" Urinary organs	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Inflam. of Bladder	4	0	0	0	0	0	0	0	2	0	0	1	0	0	1	0	0	4
" Kidneys	2	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
	8	1	1	0	0	0	0	1	2	0	0	2	0	1	2	0	0	9

8. *Of the Organs of Generation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Cancer of Uterus	0	5	0	0	0	0	0	0	0	1	1	3	0	0	0	0	0	5
Childbed	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Hemorr'ge from Uterus	0	3	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	3
Inflammation of "	0	5	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	5
Menorrhagia	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Puerperal Fever	0	27	0	0	0	0	0	2	10	12	3	0	0	0	0	0	0	27
Ovarian Tumors	0	2	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2
" Dropsy	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Chlorosis	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Phlegmasia Dolens	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Puerperal Phlebitis	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Rupture of Uterus	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	0	49	0	0	0	0	0	2	16	20	7	3	1	0	0	0	0	49

9. *Of the Organs of Locomotion.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Caries of Spine	2	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Hip Disease	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Malformation of Spine	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Spinal Irritation	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Spina Bifida	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Rheumatism	3	1	0	0	0	1	0	2	0	0	0	0	0	0	1	0	0	4
	8	3	3	1	1	2	0	2	0	1	0	0	0	0	1	0	0	11

10. *Of the Integumentary System.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Anthrax	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Purpura Hemorrhagica	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Ulcer	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Ulceration of Cheek	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	1	3	0	1	1	0	0	0	0	0	1	0	0	0	1	0	0	4
11. *Old Age*	20	49	0	0	0	0	0	0	0	0	0	0	6	23	33	5	2	69

12. *From External Causes.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	89 to 90.	90 to 100.	100 to 110.	Total.
Asphyxia	2	5	4	0	0	0	0	0	0	0	3	0	0	0	0	0	0	7
Burns and Scalds	7	3	2	0	3	1	0	0	0	0	2	1	0	1	0	0	0	10
Casualties	19	3	2	0	3	0	1	0	8	1	5	1	0	1	0	0	0	22
Drowned	4	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	4
Fracture of Thigh	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Fracture of Skull	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Intemperance	10	4	0	0	0	0	0	0	1	4	4	3	2	0	0	0	0	14
Neglect	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Poisoning	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2
Suffocation	2	2	0	1	0	1	0	0	1	0	0	0	0	1	0	0	0	4
Suicide	3	2	0	0	0	0	0	1	0	2	0	1	1	0	0	0	0	5
Violence	3	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	3
	53	21	8	1	6	2	1	2	15	10	16	6	3	4	0	0	0	74
Unknown	39	26	25	4	7	2	0	0	5	3	7	7	3	1	1	0	0	65
Still born	80	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	141

TABLE NO. 3.

Deaths during the quarter at fifteen distinct periods of life.

Under 1 year,	615
1 to 2	280
2 to 5	311
5 to 10	140
10 to 15	31
15 to 20	78
20 to 30	312
30 to 40	240
40 to 50	182
50 to 60	163
60 to 70	113
70 to 80	105
80 to 90	60
90 to 100	12
100 to 110	2
	2644
Still Born	141
Total,	2785

Of the deaths recorded during the quarter, 261 were people of color; 258 were from the almshouse and 16 were from the country, as follows:

	Blacks.	Almshouse.	Country.
January	90	89	
February	83	84	5
March	88	85	11
Total,	261	258	16

TABLE NO. 4.

Meteorological Summary.

	TEMPERATURE.			SNOW AND RAIN.
	Highest.	Lowest.	Mean.	Inches.
January	33.23°	21.77°	27.05°	2.011
February	39.96	28.15	34.05	2.810
March	49.90	33.61	40.75	4.270

Notes on Bedford Springs, and the Diseases in which a resort to them is useful. By CASPAR MORRIS, M., D. of Philadelphia.

Physicians in all our great cities, and in many country places, are annually consulted by those under treatment for chronic diseases as to the *best* place to which they shall resort for the benefit of change. Watering and bathing places are too often recommended without any discrimination, under the vague impression that mere change of scene and change of air, and relaxation from customary pursuits, are all-efficient agents in the restoration of healthful action to the organs, and sensations to the body and mind. The power of these influences is undoubtedly very great, and should never be overlooked in our estimate of the value of causes; yet they should not be permitted to usurp the position of chief agents, much less to exclude from our regard others equally operative. The *deleterious* influence of change of water is universally recognized; every ailment experienced during travel, andmany subsequent inconveniences, are, even in popular language, ascribed to it. Nor is this at all irrational. Next to the air we inspire, the water we drink is the most essential to our existence of all the influences by which it is supported. Taken into the stomach in quantities varying in different persons, but in all vastly greater than the solid aliment, and passing directly by endosmosis into the circulating fluids, quantity and quality alike must produce a powerful effect on the blood, and through this fluid on the actions of the several secerning organs which eliminate from the system, either the poisonous, extraneous or effete matters which are found in it. The value of springs impreg-

nated with saline matters in larger proportions, or of a character different from those found in common water, has always been recognized; and many of the places frequented by the invalids of the old world at the present day, have been thus resorted to from the earliest periods of which records have been transmitted.

This testimony of experience is of great value, since nothing but truth abides the test of long and close scrutiny.

It is not, however, by experience only that the worth of remedies is to be determined, since we are all familiar with the observation, that ill observed facts make a fictitious experience. It is therefore always important to investigate the character of agents at the same time that we watch influences, that the knowledge derived from either source may reflect itself on that deduced from the other. Hence arises the necessity for chemical analysis, by which we are enabled to confirm or refute the claims set forth in behalf of any given water.

Among the many springs charged with mineral ingredients, which are scattered over our country, few have attracted more attention, or maintained their reputation longer, than those near the town of Bedford, in the county of the same name, in this State. Yet to the members of the profession in the city of Philadelphia, their merits are almost unknown, and but few, comparatively, of our citizens resort to them for that renovation of health they are so well calculated to promote. Unnoticed in the Dispensatory of Wood and Bache, and but slightly in the original work of Dr. Bell on Mineral Waters, our knowledge of them is limited to a brief tract read before the medical faculty of Pittsburgh by Dr. Church of that city, so far back as the year 1825. Having twice derived great benefit from a personal resort to the Springs, and frequently from the use of the water at home, I have thought it not improper at this season to invite the attention of the readers of the *Examiner* to the subject, in the hope that others may be induced to try their virtues.

Bedford County lies near the Southern boundary of the State of Pennsylvania, in the midst of the western spurs of the Alleghany mountains, and abounds in all the variety of soil and surface which belongs to mountainous districts; well cultivated and

fertile valleys alternating with mountainous ridges. The town of Bedford lies on the southern fork of the Juniata; and about two miles from it, in a narrow valley, are the Springs. There are three routes by which it is approached from the eastward. The Baltimore and Ohio Railroad passing through the fertile farms of Washington County, Maryland, and the rugged scenery which is so celebrated at the place where the Shenandoah and Potomac divide the Blue Ridge, and then across the the valley of Virginia, carries passengers to Cumberland, from whence a rough stage road of thirty miles leads to the Springs. The Susquehanna Railroad from Baltimore, or the Columbia Railroad from Philadelphia, convey them to Harrisburgh, where they can either take the Central Railroad to Hollidaysburgh, following the course of the Juniata to that point, from which stages are also required to the Springs, the distance being about as great as that from Cumberland, and the stage road of the same character; or the Cumberland Valley railroad, passing through Carlisle to Chambersburgh, where it terminates, affords a very pleasant route. From Chambersburgh the distance is sixty miles, by good turnpike and comfortable stages. This road crosses all the mountain ridges, and presents a ride of unrivalled attraction to those who have strength to endure the fatigue, and taste to enjoy the delights of mountain scenery; good stopping places on the way present accommodations for those who are unable to accomplish the whole distance without rest. The town of Bedford itself, has no attractions, but good lodgings are to be had there by those who do not desire to stay at the springs, carriages passing to the Springs at all hours to take invalids there, or convey the water to them.

The natural beauty of the valley in which the springs are found is great, and the arrangements for the reception of visitors sufficiently convenient, though susceptible of great enlargement and improvement. The buildings are erected at the foot of one spur of a mountain which rises abruptly behind them to the west, while the valley is bounded on the eastern side by a similar hill which, clothed with wood of uncommon beauty, rises from the borders of the stream which waters the valley. It is at the foot of this hill the mineral spring is found, bursting from a fissure in lime-stone rock, and discharging, with but little fluctuation, a barrel

of water per minute. Terraced walks are cut on this hill, leading to the summit, where a pavilion presents an opportunity for rest; while the view which it opens over the valley in which the town of Bedford lies, affords an ample recompense for the toil of the ascent. To those fond of investigating the mysteries of nature, the fossil remains, found abundantly in the limestone and red sandstone formations, present constant attractions of unusual interest; while fishing and shooting furnish amusement of a healthy kind to those of less scientific tastes. These accessory circumstances are important, yet the object of this notice is rather to draw attention to the qualities and influence of the waters. Within a very small area are to be found one spring of pure slate water; another impregnated with hydro-sulphuric acid; a very copious spring of mountain limestone water, and that which gives especial value to the spot, "the mineral spring." This diversity in the water is easily explained, from the geological character of the valley, lying, as Mr. Rogers, the State Geologist, expresses it, on the "dislocated side of a synclinal trough or basin in the strata, which are there steeply uptilted, and hence there is probably a very extensive surface drainage." The red sandstone, the slate and the fossiliferous limestone, are here all brought to the surface, and from the different nature of these strata the various characters of the water here thrown out are derived.

I have been permitted to see the MSS. notes of the analysis of the Sulphur Spring made by the Rev. Dr. Humphreys, of St. John's College, Annapolis, which indicate a very decided character of the same kind with that of the Sulphur Springs of other localities. I have, however, never tested its virtues, and am not competent to determine its merits.

The water of "the Mineral Spring," as it is called, was analysed by Dr. Church, of Pittsburg, in the year 1825; who gave the result to the public through the medium of a Communication to the Pittsburg Medical Society. Dr. C. says, "The temperature of the water was 58° F., while that of the atmosphere was 70°," and gives the specific gravity as 1029, and then details the various means to which he resorted to test the saline ingredients. According to the analysis of Dr. C. "a quart of water evaporated to dryness, gave thirty-one grains of residuum. The same quantity of water treated

agreeably to the rule laid down by Westrumb, contained eighteen and a half cubic inches of carbonic acid gas. The residuum treated according to the rules given by Dr. Henry in his system of Chemistry, gave the following result:

Sulphate of Magnesia,	20 grs.
Sulphate of Lime,	3¾ grs.
Muriate of Soda,	2½ grs.
Muriate of Lime,	¾ grs.
Carbonate of Iron,	1¼ grs.
Carbonate of Lime,	2 grs.
Loss,	¾ grs.

Making a total of 31 grains; to which must be added 18½ inches of carbonic acid gas."

The analysis thus described was made twenty-seven years since at the Springs. A quantity of the water was sent to me last autumn, in well cleansed bottles, closely corked and sealed, and the following is a memorandum of the result of an analysis made by my son, J. Cheston Morris, in the laboratory of Professor Booth, and under his superintendence:

"One pint of the water evaporated at 240° F., yields of solid residuum - - - - - grs. 22.201

CaO, CO_2	Carbonate of Lime	2.120	
CaO, SO_3	Sulphate of Lime	11.274	
MgO, SO_3	Sulphate of Magnesia	3.974	
$(Al_2O_3+Fe_2O_3)\,SO_3$	Sulphates of Alumina & Iron	1.280	
NaO, SO_3	Sulphate of Soda	3.092	
$NaCl$	Chloride of Sodium	0.343	
SO_3	Free Sulphuric Acid	0.128	
SiO_3 &c.	Organic matter and Silica	*trace*	22.201

"In the estimation of the iron as a persulphate, there is probably an error, which would, if corrected, increase slightly the amount of free sulphuric acid. The quantity of iron and alumina is so small as to render it almost impossible to separate them correctly."

It will of course, be observed that the results of these analyses differ materially. The absence of carbonic acid gas in the latter, is readily accounted for by the presumption that it escaped; but

while Dr. C. found but thirty-one grains of solid residuum in the quart, the analysis made by my son gives not less than forty-four grains. The relative proportion of the several ingredients is also materially different, the sulphate of magnesia giving place to the sulphates of lime and soda as the predominating ingredients, though the actual quantity of the sulphates of magnesia and soda taken together in the quart of water is nearly two-thirds that of the former, supposed by Dr. Church to exist in the same quantity of the water.

Every one must at once admit that a water so highly charged with saline ingredients must produce a decided impression on the stomach and bowels. Even admitting that there is no imbibition of the saline matter into the blood, so large a quantity passing over the mucous membrane of the alimentary canal, must stimulate the peristaltic action by mere mechanical irritation. But if, as I believe, it passes directly into the circulating fluid, without any change, and the saline materials, mingling with those which already exist in the serum of the blood, are presented to the emunctories of the liver, the kidneys and the skin, to stimulate them to an excess of action, we must admit that the result must be a strong impression, either for good or ill, as the condition of the patient may be adapted to its use or not. It is, I know, a common remark that if the benefits derived from a residence at these Springs, be due to the peculiar ingredients held in solution by them, we ought to be able to produce the same results by the employment of the same salts dissolved in the same quantity of fluid artificially. To this it is only necessary to reply, that we are never able by synthesis to produce a compound in all respects analogous to that from which a given result is produced by chemical analysis. The art of the chemist may ascertain the amount of solid matter, but cannot decide positively as to the precise relations it occupies before being subjected to his experiments; much less can he determine that it shall combine in precisely the same manner. The sources from which the saline materials are derived, are quite unknown, as is also the manner of their introduction into the water. One of the many interesting subjects for investigation, presented by geology, is the question whence these saline impregnations are supplied. If, as is generally presumed, by drainage of water through deposits of the material, how is the quantity dis-

solved kept so uniform from age to age, and how are the relative proportions of the different ingredients preserved without variation?

Leaving these points, however, for future investigation, permit me to solicit the attention of your medical readers to the nature of the cases in which they may anticipate benefit from these waters. First in importance and frequency I should place those suffering from that deranged condition of the digestive organs which is so common among persons of sedentary habits and constant devotion to business. What the precise pathological condition of such cases is, it may be difficult to determine. It is generally believed that the functions of the liver are imperfectly performed. The stomach is enfeebled, and the nervous system exhausted. The food is imperfectly digested, the bowels are disposed to constipation, and the mind loses its natural vigor. The anxieties of the counting-house, the mental application of the divine, the physician and the lawyer, create numberless cases of this kind annually; and though the relaxation and amusements of the bathing places, and the invigorating influence of sea atmosphere may afford some relief, these do not act so directly on the organs whose functions are impaired, and cannot, therefore, produce so useful an impression as is received at the Springs.

The sensible action of the water of "the Mineral Spring" at Bedford, is on the kidneys, producing very prompt and profuse diuresis; on the skin, giving rise to very free perspiration; and on the bowels, causing gentle catharsis. It will thus be evident that all the emunctories are stimulated to increased activity; the discharges are copious, and yet not only is no debility induced, but there is an actual increase of vital force, in proportion to this activity. I have myself twice gone to Bedford, so prostrated as scarcely to endure the fatigue of the journey, and wholly disqualified for all exertion, and have in both instances returned, at the end of a fortnight or three weeks, restored to my wonted power of labor; and have witnessed similar results in the cases of friends and patients. This increase of energy cannot be justly attributed to the mere catharsis and diuresis, disgorging the portal circulation, and thus promoting digestion and assimilation; though, undoubtedly, much is due to this cause.

Though the quantity of iron is so small that it can scarcely be supposed capable of producing any very decided impression, it is possible that the sulphuric acid may add intensity to its action. Many persons, on partaking of the water, are sensible of a feeling in the head very similar to that produced by the mineral tonics, and which renders it impossible to continue to use it, unless the system is relieved by purging. In such cases, the use of a blue pill at night, and the addition of a small quantity of sulphate of magnesia to the water taken in the morning, removes all the unpleasant impression. The degree of benefit derived from the use of the water, is much influenced by the manner of its employment. The patient should rise early, and, before dressing, drink half a pint of the water in his room. After dressing he should resort to the spring, drink a tumbler of the water, and then walk smartly, either in the pavilion or on the walks provided for the purpose in the vicinity of the spring, for at least ten minutes, at the end of which time another tumbler is to be taken, followed by a similar walk. This process should be repeated, alternating the draughts and walks, until five tumblers of the water are drunk, in the course of an hour or an hour and a half. Those who are able should go to the top of the mountain, to which a well graded walk of a mile, leads; seats are provided at proper distances, on which those may rest who are not able to accomplish the whole distance. Two hours should be occupied in the drinking and walking before breakfast, during which time the skin and kidneys will pour forth an amount of fluid proportioned to the quantity which has been swallowed, and these secretions should be promoted by exercise adapted to the strength of the invalid. The quantity mentioned will generally occasion some three or four watery evacuations from the bowels, of a bright yellow color, without pain or exhaustion. Should this not occur during the two hours following breakfast, another glass should be swallowed before dinner; and in case the bowels should still resist the influence of the water, a dose of blue pill should be taken at bed-time, followed, in the morning, either by calcined magnesia, or the addition of epsom salts to the water. I have never known the water to prove violently or painfully active, but in one person. In such an event the use of it should be suspended. I have always kept a supply of the

water at home, and have always found the use of it there remove that restless, irritable condition of the nervous system, caused by a slight disturbance of the digestive functions, which, in persons of what are called a bilious temperament, so often destroys the comfort of life. Like the draught of the fabled spring, it restores the spirits, and the capacity of enjoyment.

There is another large class of patients, whose diseases depend on the same causes, who derive equal benefit from the resort to the Bedford Springs—those who suffer from what is known as sick headache, in all its grades. An annual visit of a fortnight or three weeks, is found by many to diminish the frequency and intensity of these attacks, even where it does not entirely remove the cause. The same remark is applicable to those who suffer from the headache of irregular gout. In truth, so decided is the action of this water on the liver, that all the various forms of bilious derangement derive benefit from its use, unless there be some local inflammation. Cases thus complicated are always injured by it.

But while the class of patients thus far alluded to are found chiefly in our great cities, there is another of kindred character which is found in the miasmatic districts of the country; persons in whom the liver is either engorged or otherwise disabled for the proper performance of its functions, and who, with sallow complexion and languid appearance, find themselves unable to perform their accustomed duties. Such persons should always pass the last weeks of August and the month of September, in some situation free from the miasm which gives rise to remittent and intermittent fevers. Strange as it may appear, these diseases are unknown in the vicinity of Bedford. The temperature of the night is always so cool, that blankets are required on the beds, and often fire in the sitting rooms during the evening, even while the thermometer at mid day rises to 75° or 80°. The condensation of the moisture thus evaporated during the day by the coolness of the night, causes the valley to be filled by a dense fog every morning, which is deposited on the leaves of the trees which clothe the mountains, giving them their peculiar luxuriance of growth and beauty of foliage. From this well known character of the place, some have hastily inferred its liability to autumnal fever. Dr. Watson, who has resided there twenty years,

and whose father had the entire medical charge of the town and neighborhood before him, assured me no case of intermittent or remittent fever had ever occurred under his observation. During one of my visits at the Springs, a young gentleman from Maryland, who was subject to constant recurrence of ague every few weeks, had one of his usual attacks, and I found on making enquiry at the stores where medicine was sold, that quinine was but little used, and received from all sources ample confirmation of the statement of Dr. Watson.

In the large class of cases known as anæmia, in which, from some unknown cause, the blood becomes vitiated, and the system consequently enfeebled, much good will be derived from the resort to Bedford. The quantity of iron in the water, though small, is in a condition to be absorbed and applied directly to the purpose for which it is needed, and its usefulness is enhanced by the cotemporaneous impression of the saline matter in the water, and the purging and diuresis.

The influence of this water on the health, has always been an ample compensation for the difficulty and fatigue of getting to the Springs. Railroads now facilitate the access, bringing it in fact within a few hours easy travel;—and whether we regard the healthfulness of the locality—the attractiveness of the scenery at the spot, in the vicinity and on the route, or the influence of the water itself, Bedford Springs present attractions to the valetudinarian, which cannot be surpassed by any part of the United States.

Modification of the Bivalve Speculum. By Joseph Smith, M.D., of Danville, Ky.

Gentlemen,—Having found considerable difficulty in using the bivalve speculum, on account of the protrusion of the soft parts between its blades when expanded, except by a modification of the instrument, as suggested by Dr. Bennet's work on the uterus, and not being able to get one so modified, a remedy suggested itself to me, which I have tried with complete success. It is to have a thin gum-elastic tube, or open sac, to enclose the speculum. It should be made very thin, and fit the

instrument closely, when unexpanded. To do this, it must of course be larger at one end than the other. Not being near any gum-elastic establishment, I used a new tobacco pouch of this material. By cutting and sewing, one was made, which, though not so neat, has answered well. It does not increase the difficulty of introducing the instrument, and permits a free expansion of its blades.

I have not seen a suggestion to remedy this difficulty. If none has been made, I think you will confer a favor on many persons by publishing the above.

The Professional Education of Dentists.

By E. B. GARDETTE, M. D., Dentist.

To the Editors of the Medical Examiner.

GENTLEMEN:—When I claimed the courtesy of you to republish my "Memorial" addressed to the Medical Colleges of our country, recommending the establishment of Lectures on Dental Surgery, I had no thought that the kindness you then extended would involve a necessity for asking to occupy another page of your valuable journal. I had no desire nor expectation to open an argument or controversy with other journals or individuals, as to the propriety or feasibility of the project then suggested solely from a wish for improvement in the mode of educating Dentists. Hence, I was careful to assail no one, but to make a sinple proposal, designedly in *memorial form*, for the consideration of the medical schools, who, if disposed to give it their attention, would necessarily seek information from all reliable sources before adopting any plan. Then would have been the time for the friends of such a scheme to defend it by argument, and consider the deficiencies felt to exist in other systems of professional education; and then too might its enemies properly make their objections.

But the Editor of the "Baltimore Journal of Dental Science," has seen fit, in a selfish fear lest the mere proposal itself should injure the prospects of the Baltimore Dental College (of which he is a professor), to misconstrue or misunderstand my language, and oppose the project of such Lectureships. That writer, in a determination to anticipate and forestall any action on the sub-

ject, pre-judges, passes sentence, and *would* hang up the proposition as an absurd abstraction, while at the same time he *professes* respect for, and attaches great importance to, the opinions of the proposer. It remains to be seen whether the sole and summary judgment of the Editor of the journal will sway those who are to determine this grave question.

My reliance upon the peaceful and polite character of my paper, did not save it from a headlong declaration of war by the Baltimore journal, an attack both inconsistent with the public parade of sentiments or professions towards me, and uncalled for or forbidden by its *memorial form* and careful expressions. My rejoinder in a few merely explanatory remarks, made through your journal in June last, did not prevent the Editor of the Journal of Dental Surgery, in his July number, from again intruding upon his readers the subject of my proposal and myself. On this occasion he is influenced by no higher considerations than before, at a moment when my private affairs did not permit me to see his remarks; and it is under the influences natural to this state of things, that I now speak of the Baltimore Journal. I wish to do so as one who discerns the springs of action that govern even so huge a machine—as a quarterly periodical. In this, my course is a defensive one, and due alike to those of my professional brethren who unite with me in contempt for the selfishness that will descend to quotations from parts of sentences, calculated to mislead the reader, as to the real statements that have been made the objects of its premature and unfair comments.

So far from having been "*very decided in my expressions of satisfaction at what I saw and heard at the Examinations of the Baltimore College of Dental Surgery,*" it was, on the contrary, the dissatisfaction experienced then, which confirmed my previous opinion, that the establishment of dental colleges would not supply the want felt in reference to educating dentists, and would interfere with the eventual standing of the professson itself. It was this strengthened feeling, and none other, that finally induced the suggestion to have dental surgery taught, with all other specialities of medicine, in medical colleges. I am constrained to deny entirely having sanctioned the course of instruction in *Dentistry proper*, which I had the opportunity to see at the Bal-

timore College of Dental Surgery during two successive years, —1848 and 49; the observations and examinations then made, resulted in a permanent belief of its incapacity to fulfil the objects of its incorporation, or meet the hopes and wishes of educated, well bred dentists. I will not attempt to sustain the justice of this opinion by inquiries, that might be regarded as unkind or invidious, into practical effects upon the profession and the community, but the defective system through which young men have received half-way medical, and still less dental instruction, will prove itself and its influences in professional histories yet to be written.

In reference to my examination of *operations performed* by the pupils of the school, and my having approved of what I saw, which the Baltimore Professor states with a view to make my present opinions appear inconsistent or contradictory, the simple truth is that I saw nothing—for I did not see the operations *performed*; and it is too late in professional life with me, to determine the merits of a surgical operation, by looking at or examining its external surface. I could not know, of course, the previous condition of the teeth operated upon, the correct or incorrect exercise of judgment by which the young operators decided to form and fill cavities in the teeth with metal; I could not determine the propriety, in manner or extent, with which the sound or unsound parts had been removed; I could not judge of the time and skill and brains devoted to these manipulations, the good sense or professional theories exhibited in the application of knowledge, whether for determining upon or the performance of operations.

As regards the *artificial teeth* shown me on the occasion referred to, it is almost needless to say to Dentists that any smart goldsmith's apprentice, after a few months' experience, can get up such specimens at least as well, he having had no part in the most important duties of settling the extent or peculiarities of the artificial fixture, or its adaptation to living parts for the patient who must endure it in his mouth.

Neither the smooth and brightly burnished metal fillings or the specimens of plate work, not in use, exhibited as the performances of the graduates of Baltimore Dental College, could be regarded as evidences of successful teaching in either branch

of professional education; they were looked at with kindly interest, but as a mere formality, and a natural disposition to encourage young gentlemen who had just graduated, (the only operations brought before me, were, as Chairman of a Committee of Examiners for awarding a prize to the best *graduate*,) would of course govern any expressions that could have been uttered on the occasion. The all important decision had been made; they were already admitted into the ranks of the profession. The number of competitors, to the best of my recollection, was eleven or twelve, and of these several had been practising dentists for several years before going to the College. The prize was awarded to a young gentleman who had been the industrions private pupil of a competent preceptor for two years, not so much for the show of operations, as for the modest intelligence and practical common sense he applied to his profession.

Such were the true impressions made upon my mind at the period to which the Editor of the Baltimore Journal has referred; they were never uttered until now, except confidentially to Dr. Hullihen,of Wheeling, and Dr. Harwood, of Boston, gentlemen as well as distinguished Dentists, whom I met at Baltimore. That I should have politely avoided the expression of such unwelcome views as those we entertained, to the faculty, of whom I was the kindly treated guest, is, I trust, only consistent with the ordinary good breeding which responds to attentions and hospitalities. The system of extending social civilities that shut the mouth for every opinion *unfavorable* to the objects of gentlemen who have extended them (I do not say *with* that object) is to be blamed for the want of frankness or plain dealing too common under such circumstances; it is open to the suspicion of belonging to the same tactics to which editorial life is subjected, in the gifts that *anticipate opinions*, and often purchase positive expressions favorable to the views of the giver, at the expense of facts and sincerity. But in either case, I am free to admit the impropriety of such a disregard of justice, and especially where serious professions, or institutions for obtaining knowledge, are concerned.

In proposing the establishment of professorships on dental surgery in medical colleges, I did not compare such a mode of educating dentists with that of existing dental colleges with which I was acquainted, simply because the comparison, as I conceived

it, would have been no compliment to the latter; my advocacy of a better plan was at most a negative condemnation of the one pursued at Baltimore, and if I was mistaken in this preference, the result would have proved it so. For I believe that calling public attention to any new scheme of professional education for the dentist, even from a bad or impracticable one, some benefit would be likely to ensue, and especially to a superior existing system. But in truth the Baltimore Dental College had had a fair trial; it was, and is, unsuccessful; not, however, for the reasons assigned by the Editor of the Baltimore Journal, but really because it did not offer to the profession and the public materials that inspired confidence. With the single exception of Dr. H. H. Hayden, the College, it may be said without disparagement, has been the medium for lending reputation and importance to names but little known in the profession, rather than deriving strength and advantages from those who composed its dental faculty. The two chairs entrusted to medical men, I have reason to know, have been admirably filled, and these I am led to believe have sustained the College in its lingering existence; for although the "Professor of Principles of Practice" says that "*the Faculty have never yet raised the question among themselves, as to the individual importance of its members,*" the profession, and even the pupils of the College, have very naturally and properly both "*raised the* question" and settled it too.

The Baltimore Journal quotes the polite expressions in Dr. Hullihen's Valedictory Address as good authority* for the usefulness or importance of the dental college. That address, I will merely say, was delivered at the invitation of the medical faculty, in their presence and that of their invited friends; and at a period when no other scheme for the education of dentists was under consideration; a passing compliment to the institution was but a civil return for that of inviting a gentleman unconnected with the College to become its organ in a valedictory to its pupils. The entire avoidance on *my part*, of any allusion, flattering or otherwise, to the school or its system, when placed under the same circumstances as Dr. Hullihen the year preceding, should,

*Not *very* good authority, when I recall the fact that its publication was suppressed, and it is the only Valedictory that ever was denied a place in the Baltimore Journal since the Dental College was commenced!

by the same rule and with equal propriety, be regarded as evidence that I did not approve of the scheme of dental colleges.

At any rate I am at liberty to say that Dr. Hullihen *is now, and has been from the first moment of my proposal, strongly in favor of establishing Professorships for Dental Surgery in Medical Colleges.*

The warm hearted Provost of the Baltimore College, Dr. E. Parmly, in his benevolent zeal for remedying the defects of dental education, has lent the benefit of his good name to aid that institution; but he has only visited it annually, at the period of its commencement, for the last five or six years, giving no time to the duties of instruction. Better evidence need not be sought in relation to his views of the education demanded for dentists, than the fact that while allowing his son and nephew (destined for dentists) to attend the Baltimore College of Dental Surgery, he caused the one to graduate an M. D. at the Washington Medical College of Baltimore, and is preparing the other for a similar degree in the anatomical schools of Paris.

We must look beyond the limited views of the Baltimore Journal, in order to determine the propriety and advantages, (not to *it*, but to the world) of incorporating the profession of dentist with its parent science of medicine; it is only thus that a correct ambition can be excited in men of the better and educated classes to join its ranks; it is only thus that the community will get the benefit of strong and cultivated minds applied to this branch of surgery.

It is but just to remark that the deficiencies I have been compelled reluctantly to refer to, as applicable to one Dental College, may not have equal force in reference to others that are differently organized, if there be such; but the main and general objection to these institutions, has seemed to me to be the sad consequences, present and prospective, that arise in the injurious separation of the dentist from the medical profession. It was in this spirit, and with regard to this serious objection, that my original proposition to have dental surgery taught in medical colleges, was published. I then made no needless reference to the inherent defects of the only Dental College with which I was acquainted.

It is no test of the two schemes proposed for dental education,

to assert that better dentists will be made under the one or the other. This is not the true question, nor could it well be determined until both plans had been fairly tried. In either case, whether dental college, or dental professor in medical college, much will of course depend upon the talents and characters respectively, of pupils and teachers. But the real and important subject for consideration is, whether the dentist, being, or aspiring to be, a member of the medical profession, should not have, in education, a similar origin, and undergo the same preparation as the medical man, in addition to what he requires for his particular speciality. I make no concession in saying that a dental college with *good* teachers, would produce better dentists than a medical college with incompetent professors of dental surgery; and the converse of this proposition is equally true.

The New York Medical College has already under consideration the establishment of a chair for Dentistry; and the New York Journal of Medicine, for February, contains an able paper from the pen of Dr. John Trenor, a distinguished dentist of that city, in which he condemns dental colleges as "*so decidedly inefficient, that they are a greater drawback to improvement than if they had never existed. They profess to remedy an evil which they most effectually and glaringly magnify.*" The chief sense in which I understand and apply this sweeping condemnation from an experienced dentist and medically educated man, is in the effects produced, directly and indirectly, upon the advancement of the profession, as a branch of medicine, and upon the class of men by whom it is to be represented. For whatever may have been the defects or difficulties, heretofore existing, in educating dentists, the profession itself was still regarded as a speciality of surgery, and belonging to medicine; and however poorly it may have been represented, it had not been severed by distinct corporate powers from its parent science, by titles or otherwise, until the Baltimore College of Dental Surgery came into existence.

In connection with this view, I may appropriately quote from Lord Bacon, who, without practical knowledge, has looked at the same subjects from the illuminated heights of his abstract wisdom:

"And in particular sciences we see, that if men fall to subdivide their

"their labors, as to be an oculist in physic, or to be perfect in some one "title of the law or the like, they may prove ready and subtile, but not "deep or sufficient—no, not in that subject to which they do particularly "attend, because of that concert which it hath with the rest. . . . . I "mean not that use which one science hath of another for *ornament*, "but I mean it *directly* of that use by way of supply of light and in- "formation, which the particulars and instances of one science do yield "and present for the framing or correcting of the axioms of another "science in their very truth and notion; . . . . for sciences distin- "guished have a dependence upon universal knowledge, to be augmented "and rectified by the superior light thereof; as well as the parts and "members of a science have upon the maxims of the same science, and "the mutual light and consent which one part receiveth of another; " . . . . and so one science greatly aiding to the invention and aug- "mentation of another. And therefore, without this intercourse, the "axioms of science will fall out to be neither full nor true; but will be "such opinions as Aristotle in some places doth wisely censure, when "when he saith, 'These are the opinions of persons that have respect "but to a few things.'"

"*Few things*" have, I fear, narrowed down to dollars and cents, in the modern separation of the sciences, no less than in the conducting of some *scientific* periodicals, which instead of being devoted to the advancement of learning, are only anxious to make money and exercise "a little brief authority."

Professor Thomas E. Bond says, in his excellent work on Dental Medicine, "*An oculist, unless a thorough physician, would be utterly unqualified to treat diseases of the eye;*" and surely this rule scarcely applies more strictly to the oculist than to the dentist, especially when we have under consideration the best mode of educating either.

Prof. Bond also remarks in the same work, that "the practice of dental surgery was long degraded, from causes precisely similar to those evil influences which depressed similar branches of the art. Disregarded by educated men, it necessarily fell into the hands of the ignorant and rude; and precisely as surgery and midwifery have gradually emerged from their barbarous state and attendant disrepute, dentistry is now winning its way, against all opposition, to its proper consideration."

Now as dentistry has been degraded by the *same causes*, should not the evil be remedied by the *same means?* The specialities of surgery and midwifery were never *separated* from *general medicine*, *either* by *distinct* or *independent schemes* of *education*, or

by *titles differing* from *those that* are *universal among medical men.* These specialities have reached the equality they enjoy with the other departments of the science *chiefly through the medium of professorships* in medical colleges devoted to them, and eventually through the character and general education of the men by whom they are represented.

Unfortunately I do not perceive that "dentistry *is* now winning its way to its proper consideration;" for although the number of its practitioners has greatly increased, with the sadly increasing need of them, those who best understand what really constitutes *good* dentists, seek in vain for the proof of the much talked of wonderful advance of dental surgery and dental literature. The London Medico-Chirurgical Journal of Practical Medicine,* noticing the pretensions of our noisy dental periodicals, has been severely and justly observant of the important distinction between true dental surgery, by which the health and preservation of the teeth are accomplished, and the modern mixture of mercantile and mechanical business in teeth, which characterises a great proportion of what is called dentistry in our country. The era in which we live has been prolific of improvement in the manufacture of teeth; but while this has been a valuable triumph in *honest* hands, for *art*, it has brought with it, I fear, a sad falling off, or increased difficulties to *science.* The readiness to sacrifice permanent utility to momentary show, is, perhaps, among the common errors of the times; it is a weakness natural to vanity and ignorance; and there really seems some danger, such is the almost universal display of white crockery in American mouths, both old and young, that we shall be nicknamed the nation of china-teeth. This comes from the facility and cheapness with which what are termed "*mechanical* dentists" supply sets of mineral teeth, and the great difficulty with which good surgeon-dentists are found, to preserve the natural teeth from disease. These causes seem to work like a two-edged sword, in destroying the luxury of sound and useful masticators. With so enormous a supply of mineral teeth, as are the subject of traffic in this country (the statistics are incredible), there must be a corresponding consumption; and the only convenient means of filling human mouths with such teeth, is to

* See Vol. 49, Am. repub.

empty them of the natural ones. The inference is painful; but I am disposed to think that the great increase in the demand for artificial teeth, or the extraordinary extent to which they are used, should be regarded as an evidence of the decline of dental surgery.

Unluckily we have other humbling proofs that our profession is not "winning its way against all opposition, to its proper consideration." We may see, for instance, in the leading journal of dental science, a *cold water cure* for *the exposed nerves* of teeth, from a correspondent who says he has discovered that the nerves of the human teeth are "*endowed with recuperative power.*" And from another favorite writer of the same journal we find a *serious recommendation of the use of a warming-pan for the gold foil, to regulate the temperature of the metal, before it is put into the cavity of a tooth!!!* This is *only* to be done in very cold weather, mind you, gentle reader.

The published discussions of certain dental societies, sometimes occupying nearly fifty pages of a periodical, may be referred to as painful evidence of the present condition of dental surgery, and the unfortunate influences (among which I am forced to include dental colleges,) under which the profession of dentist is fast assuming, or re-assuming the unintellectual character of a trade. These things obtain the sanction and the sympathy of the editor of the Dental Journal, who at the same time frowns down a contributor of sensible and scientific matter, at variance with his doctrines, in which he presumes to tell the plain truth to ignorance, and who will not submit to the dictatorial requirements which the conductor of a public journal has no right to make.

These are among the evils that call for cure by a different and better system of education for the dentist, and which, I believe, will not be remedied until he is required to be a medical man, in the true sense of the term, identified, in the source and character of his knowledge, with the profession of medicine. Then, and not till then, may we hope to see that fellowship and free communion of thought, calculated to advance the science, between the members of the profession generally, and which is now clamored for by two distinct classes of dentists: first, by the artful and unworthy, who desire to benefit their business or

borrow good character, which they will not earn; and next, by the amiable and philanthropic, who do not see into the designs of the cunning, and lend themselves, their means and reputations, thinking to advance the interests of the profession itself, by their intercourse with ignorant and unblushing pretenders. No such result, I need scarcely say, can be hoped for; and when the Journal argues that those who keep aloof from such association, are ashamed of their profession, or deem the name of dentist a reproach, he should rather infer that they only blushed for its representatives—men of "modest assurance," who open their offices, after little or no legitimate preparation, and at once call upon all in "*the same line of business,*" with no other introduction than their own desire for "*professional reciprocity*"!

I cannot regard these general remarks, though incidental, as digressive from the question of dental education, or the scheme of Professorships in medical colleges, for its elevation and advancement. The gloss and deceptions thrown over the real character and condition of the dentist in this country, by a parade of trashy matter under empty titles, is the lamentable result of recent and present combinations, which have been ostensibly for the *improvement* of dental surgery, and it has, perhaps, derived a little unmeaning glory with the uninformed; but the chief and only solid advantage has been the pecuniary profits to those who, under this system, have been enabled to sell poor goods at a high price. One of the graduates of a dental college being asked by an examiner, "*What are the leading considerations or inducements for extracting the human teeth?* answered, "*I suppose, Sir, to make money*"! but where he got this lesson let others decide.

In conclusion, it seems to me to be a wide spread opinion among well informed professional men, that every student wishing to be an educated dentist, must study medicine thoroughly, and graduate as a medical man; but it by no means follows that we should expect all medical students to fit themselves for the speciality of the dentist, supposing a chair of dental surgery to exist in every medical school in the country. I am by no means for making dentists of all the doctors, but only for having medicine the basis of every dentist's education. Hence a professorship for dental surgery, attached to a medical college, need not

necessarily embarrass or interfere with the chairs already established, and which are confessedly quite numerous enough. Those graduates who designed becoming dentists, would perhaps devote a third course to this branch, and it would rest with the professor who directed their studies and preparations for practice, to furnish the means of clinics, &c., in which to accomplish themselves in whatever is required. There are details in respect to which he who is called upon to fulfil the duties of a new chair, will of course find some difficulties at first; but they will be as readily overcome in medical, as they professedly have been in dental colleges.

On the Reparative Power of the Spinal Cord after complete division. By E. Brown-Sequard, M. D., of Paris.

I have performed a large number of experiments, with the view of determining the degree of curability of wounds of the spinal marrow. When I began these researches, I believed, with every physician, that exposure of the spinal cord to the action of the air, was an extremely dangerous operation. I had read and accepted as true, the following assertion of Dr. Longet: "All the experimenters who have had an opportunity of opening the vertebral canal on adult animals of the higher classes, ought to know, that as soon as the medulla spinalis, *even when surrounded by its liquid and by the dura mater*, has been laid bare, in the lumbar region, the nervous action becomes so much enfeebled, that the animals are unable to keep themselves on their legs, which at the same time appear to be quite insensible. Suddenly, after the dura-mater has been cut, and the cerebro-spinal liquid has escaped through the wound, the state of the animal becomes worse; it falls down, struck by paralysis, and the posterior extremities may be cut without exciting the least appearance of pain."*

I have found that this description of phenomena is true only in certain cases, and in certain animals, (as the dog.) When the operation is performed slowly, and so as to give much pain to the animal, and produce a considerable hemorrhage, then it happens that an appearance of palsy follows the laying bare of

* Traité d'Anat. et de Physiol. du Syst. Nerv. 1842. T. 1, p. 276.

the cord; but, even in that case, if the animal is left quiet for a short time, it recovers, and sensibility, together with voluntary motion, return in its hind limbs.

When the operation is performed upon cats, sheep and guinea-pigs, there is usually no appearance of palsy; but when it is greatly prolonged, it happens sometimes that, in consequence of the extreme exhaustion produced by the hemorrhage, and by excess of pain, the animal becomes apparently paralysed, even before the spinal canal has been opened, so that it is not the action of air on the spinal marrow which causes the apparent palsy.

My experiments have gone so far as to prove that mammals may not only have no appearance of palsy, after opening their spinal canal, but that they are able to live long and apparently in very good health after their medulla spinalis has been exposed to the action of the air. I have seen guinea-pigs living very well after I had taken out eight or ten posterior arches of the lumbar and sacral vertebræ. There has been only a slight disturbance in the movements of the posterior limbs of these animals, and that disturbance, very probably, was in consequence of the excision of the muscles inserted upon the vertebral column.

After having stated the innocuity of the action of air on the spinal marrow, I have tried experiments on wounds of that organ.

It is known that there are clinical observations proving that the injuries of the spinal cord are not constantly followed by death, and that the paraplegia which is the result of these wounds may disappear more or less completely; but there is no observation proving the possibility of an entire curation, *i. e.*, of a full return of sensibility and of voluntary motion after the complete transverse section of the spinal cord. The celebrated experiments of Arnemann, Flourens, Ollivier (d'Angers) and Jobert (de Lamballe) have left the question of the possibility of recovery after complete transverse section of the medulla spinalis heretofore unsettled.

My first experiments, made upon pigeons, had shown me an incipient return of the lost functions some months after the complete section of the spinal cord.* I afterwards saw five

* Gaz. Médic. de Paris. 1849, p. 232.

pigeons, upon which such a section had been made, gaining little by little, and at last entirely, both sensibility and voluntary motion. I have not been able to examine the spinal marrow of all these pigeons; but upon three of them the most careful microscopical examination of the injured cord has been made. One of these three animals had been operated upon eighteen months before the anatomical examination. The history of this pigeon is very interesting. Its spinal cord was *entirely divided* transversely between the fifth and sixth costal vertebræ. The operation was followed by complete paralysis of the posterior part of the body, both as regarded sensibility and voluntary motion. At the end of three months, voluntary movements began to show themselves, in connection with reflex actions; and sensibility appeared to exist anew. These powers gradually augmented; and six months after the operation, the bird could stand for some minutes, but fell as soon as it attempted to walk. In the course of the seventh month it began to walk, but unsteadily, helping itself constantly with its wings. By the end of the eighth month, it could walk slowly without support; but if it attempted to walk fast, it fell over, unless it supported itself with its wings. When it was walking a little faster than usual, it loosened its wings a little, so as to be ready to prevent itself from falling. The beginning of the thirteenth month, it could run. Fifteen months after the operation, its progression seemed in all respects normal, save that a certain degree of stiffness remained in its gait. The generative function also, which had been entirely destroyed by the operation, was completely restored. It was a male.

My friend, Dr. Ch. Robin, assisted me in the autopsy of that pigeon. We found a bundle of cellular fibres uniting the dura mater to a part of the spinal cord where a whitish, opaque circular line existed. At that place the cord was somewhat contracted, its transverse diameter being smaller than elsewhere. A very fine longitudinal slice of the cord taken from the place of contraction, and examined with the microscope, showed us a great number of normal double and single-edged nervous tubes. There was nothing peculiar in that cicatrix, except: 1st, that the nerve-fibres exhibited, to a greater degree than usual, those varicosities which are found in nerve-fibres of the soft parts of the brain and of the cerebral nerves; 2d, that the nervous

corpuscles, instead of being only in the central part of the cord, were scattered everywhere amidst the nerve-tubes.

In two other cases, the microscopical examination having been made by my friends Dr. Lebert and Dr. Follin, we found a like reunion of the nervous fibres of the cord.

In several guinea-pigs, in which I had made the section through only one half of the spinal cord, an incomplete return of voluntary power was observed within seven or eight months after the operation. In the case of one of these, a guinea-pig which had been subjected to this operation the year before, and in which sensibility appeared to have been completely restored, and voluntary movement less completely, I made, with my friend M. Laboulbère, a careful examination of the injured part. We found that the section had traversed both the posterior columns, as well the anterior and lateral columns, and a portion of the grey substance on the right side, all of which parts exhibited a sort of contraction, the continuity of the divided parts being re-established by a whitish opaque cicatrix. On examining the substance of this cicatrix, we found it in part made up of fibres of areolar tissue, the direction of which was transverse or very slightly oblique. These cellular fibres were crossed by great numbers of normal double-edged nerve-fibres running in a longitudinal direction. The nerve-fibres were found uninterruptedly continuous not only through the whole extent of the cicatrix, but also before and behind. There were a small number of nerve-corpuscles scattered between the nerve and areolar fibres.

From these researches I draw the following conclusions:

1st, That the spinal marrow, even in adult mammalia, may be exposed to the action of the air without danger to the life of the animal.

2d, That wounds of the spinal marrow may be repaired.

3d, That after a complete transverse section of the spinal cord, the functions of that organ may be entirely restored.

CLINICAL REPORTS.

Clinic of the Jefferson Medical College. Service of PROFESSOR DUNGLISON.

(Reported by J. AITKEN MEIGS, M. D.)

[Continued from p. 331.]

CASE III. The next case to which we call your attention aptly illustrates the physiological dependence of the various organs of the economy upon each other, and the reciprocal action which they consequently exert.

We have elsewhere considered, somewhat in detail, the highly interesting subject of functional correlation. The harmony which so strikingly characterises the different actions of the human system, while in the healthy condition, we have seen to be the result of peculiar combinations of the two great sets of functions. The various correlations or combinations of these functions, are replete with interest to the physiologist; but it is not until they are applied as guides in the elucidation of pathological phenomena, that their real magnitude and importance become evident. The disturbing influence of disease, not unfrequently reveals to us an intimacy of connection, between certain portions of the body,—of which we had previously not the slightest conception. Hence we are occasionally called upon to observe how an apparently trifling derangement of one organ may be reflected, as it were, upon another; and with such force, moreover, as to light up in the latter a morbid action whose intensity and virulence, are with difficulty controlled. The latter of these abnormal actions being the stronger of the two, sometimes so masks the former, as to render the detection of the true cause of the mischief, and the formation of a correct diagnosis, extremely difficult.

In the patient whose symptoms we are about briefly to investigate in your presence, this principle is so prominently exemplified, that on account of this feature alone, we have been induced to bring him before you for examination and study; although his

disease, in its general characters, differs but little, if at all, from the two preceding cases.

Mr. R. æt. 40, is very much troubled with violent pain in the heart, coming on at intervals, and accompanied with strong palpitation. He is not only incapable of prolonged exertion, in consequence of the annoying and dangerous impetus given thereby to the heart's action, but is compelled to avoid all unusual exercise, however temporary in duration, so that in ascending a flight of stairs at an accelerated pace, he is frequently obliged to stop and seize upon the bannisters for support. Notwithstanding these symptoms, however, auscultation shows no departure from the ordinary, healthy, cardiac sounds; a slight diminution in power, only, can be detected. The impulse is somewhat weakened.

He has never been affected with rheumatism.

There is tenderness at the epigastric centre; and he complains, furthermore, of a sensation of nausea, coming on shortly after each meal,—especially is this the case after the ingestion of fatty substances. The bowels are obstinately constipated.

Gastric disturbance was the first symptom of disordered health that attracted the notice of the patient. Soon the small intestines, and finally the entire alimentary track, became implicated. That the stomach is still in an unhealthy condition, is shown by the tenderness manifested when pressure is made over that organ. Physiology teaches us that fatty substances undergo no action in the stomach; but in the duodenum, form with the alkalies furnished by the bile and pancreatic juice, an emulsion which is gradually absorbed. Now, as you have already heard, the patient suffers most while in the act of digesting fatty or oily matters taken with his food. The application of a physiological fact, thus furnishes us, in this case, with proof that the small intestines are involved in the same morbid action. The extreme costiveness is a sufficient indication of a highly torpid condition of the colon.

We have here to contend, then, with two sets of symptoms: the one affecting the digestive apparatus, and arising mainly, perhaps, from faulty innervation of the intestinal tube; the other, affecting the heart, and dependent for existence on the former. To the first probably belongs the priority, in point of occurrence, and to it we must principally direct our treatment.

We have, thus, a well-defined example of an unhealthy action,

originating in the digestive apparatus, steadily increasing in intensity to a certain point, and then suddenly reflected upon the circulatory system to the manifest disturbance of the whole economy. So, too, in hysterical females, we are often called upon to combat symptoms of functional derangement of the heart, evidently resulting from some uterine affection.

The indications for treatment in this case are very simple. We must obviate constipation—itself no trifling auxiliary in the production of heart disease—and develope the nervous sensibility of the intestinal canal. By arousing the digestive tube from its lethargy, we are in hopes that the cardiac symptoms,—which are the results of this lethargy,—will disappear as the cause is removed, and without further trouble.

We shall direct the following prescription, in which are combined a tonic and a saline cathartic, as in the Cheltenham water; and which, under a protracted use, is as well adapted for developing the sensibility of the intestinal tube, as any combination with which I am acquainted.

℞.		
	Magnesiæ Sulphat.	℥j.
	Potassæ Bitart.	ʒj.
	Ferri Sulphat.	℈ss.
	Aquæ	Oj.

M. A wine-glassful to be taken every morning before breakfast.

He will make use of an animal diet, and, in general terms, his food should be plain, nutritious and easy of digestion. Such articles as tea and coffee, fresh bread, the succulent vegetables, pastry, &c., or, in short, whatever he has known to disagree with him, must be carefully avoided.

Constrasting strongly with the cases which have just occupied our attention are the two which we now bring before you for examination and study. They are excellent examples of organic cardiac disease. In the one case there is hypertrophy of the left ventricle, with mitral regurgitation; in the other, hypertrophy of the same ventricle with, perhaps, semilunar regurgitation.

Let us consider them separately.

Case V. Mr. C——, æt. 40, of a robust, plethoric habit, and sanguine temperament, has been kind enough to present

himself here, that his case may be investigated in your presence. About six weeks ago, he began to be aware of a sensation of unusual heat and tension behind the sternum, accompanied with an increase in the frequency and force of the heart's action. The impulse is daily becoming more violent and troublesome; and he is beginning to suffer from dyspnœa, especially when the action of the heart is hurried by mental excitement or undue exertion.

Auscultation betrays a highly exaggerated impulse, with great obscurity of the cardial sounds,—so great indeed as to require close attention to distinguish them. Moreover, if you listen attentively, you will hear, synchronously with the systole of the heart, a rough, blowing sound—the "*bruit de souffle ou de soufflet*" of the French,—the "blowing or bellows-murmur" of the English writers. Now, this is an abnormous sound, demanding an inquiry into the accompanying phenomena; for although not always of absolutely dangerous import, it is generally indicative of some structural lesion of the interior of the organ. The abnormal or exocardial heart-sounds, which are the consequence of morbid alterations exterior to the organ, are more or less frictional in character, and hence are usually readily distinguished from the endocardial, which are 'blowing.'

Endocardial sounds, or, to give them their generic title, "bellows sounds or murmurs," are the result of vibrations caused by columns of blood in their passage through the heart; and you may comprehend that whatever has a tendency to affect these sanguineous currents, and change the healthy vibrations, may be the cause of such murmurs. Hence "blowing sounds" are frequently heard in anæmic persons—as in chlorotic females. Loss of blood may also occasion these murmurs; and accordingly they are heard in persons exhausted and prostrated by hemorrhage.

In the majority of cases, however, in which the bellows sound occurs, it is symptomatic of morbid alteration of the valvular apparatus of the heart. Thus there may be fibrinous deposits upon and around the valves; they may become cartilaginous, or ossified, or covered with warty excrescences, &c., giving rise to the different modifications or varieties of the murmur, known by the epithets *rasping*, *filing*, *sawing*, &c.

The general phenomena of this case lead to the inference, that

there is valvular disease; and we must, accordingly, push our investigations further, in order to learn the seat of the mischief—whether it be at the aortic orifice, in the valves of the pulmonary artery, in the mitral or tricuspid valves, or in the auriculo-ventricular openings.

A little reflection will exhibit, that this can be approximated by ascertaining the exact spot in the præcordial region where the sound is heard the loudest, the direction in which it is transmitted farthest, and the time of occurrence, as compared with the systole or diastole of the heart.

Now, in derangement of the semi-lunar valves, the endocardial murmur is most distinctly heard near the third costal cartilage. When those of the aorta are in fault, the sound is transmitted upwards between the second and third ribs of the right side, following the course of the aorta; and when those of the pulmonary artery are affected, the sound extends to the left side, following the route of that artery. The place in which the murmur is heard, then, and the direction in which it is carried, furnishes us with the elements of diagnosis as to the valves specially implicated.

[This was elucidated by a diagram of a section of the heart figured on the black board.]

In this patient the murmur is heard much more loudly below and somewhat to the right of the left nipple, than at any other portion of the cardiac region, and is distinctly prolonged towards the apex of the organ.

In consideration of the aids thus afforded by auscultation, we have no hesitation, then, in concluding that we have here to contend with disease of the mitral valve. The tricuspid murmur to be sure, is heard loudest at about the same spot; but it is not so markedly directed towards the apex of the heart; and furthermore the pulse is generally not so much affected, and according to some, there is no accompanying "*fremissement cataire*" or purring-of-cat sound,—phenomena, which are the reverse of those presented here.

Case IV. David F——, æt. 35; colored; formerly a fisherman, now a bar-tender; has had symptoms of heart disease for the last five years. He complains of severe pain at the præ-

cordium, and is much disturbed by the palpitation and turbulent movements of his heart. The dulness on percussing the region of the heart is greater and more extended than usual; and to the ear of the ausculter is conveyed a clear and distinct bellows murmur, immediately following the impulse. The impulse is exceedingly strong and powerful; so forcible, indeed, that the head, in ausculting his chest, is seen by the class to be elevated by each systolic effort.

The pulse is very strong, not hurried, but having the jerking character which so often accompanies endocardial affections.

The strength and undue diffusion of the impulse, coupled with diminished clearness of the systolic sound,—facts presented by the case in consideration,—are indications of a hypertrophic condition of the left ventricle. Hypertrophy of the ventricles is a very common accompaniment of valvular disease. It is frequently, indeed, the effect of the difficult transmission of blood, owing to morbid changes in the valves; and the blowing murmur, in this instance, shows us that we have to contend with the complication in question.

The character of the pulse, the location of the bellows sound, and the concomitant symptoms, induce in our mind the belief that there is some deposition upon or imperfection of the semilunar valves at the mouth of the aorta, thus permitting a portion of the blood, after every contraction of the ventricle, to regurgitate from the aorta. Yet, contrary to the usual rule in these cases, which has been referred to in the course of this lecture, we have the sound transmitted in the direction of, and heard most strongly over the apex of the heart, instead of at its base. This anomaly complicates the diagnosis as to the nature and seat of the cardiac lesion; and we might be induced to consider the mitral valve in fault. But if such were the case, how could we explain the bellows sound occurring so distinctly after the impulse, and taking the place of the ordinary second sound of the heart? The phenomena appeared at first sight to sanction the view mentioned by some, that the impulse is synchronous with the first stage of the diastole of the organ, or with what they consider the contraction of the auricles; but the synchronous occurrence of the impulse and of the pulse at the wrist is a fatal objection to this view, inasmuch as the latter phenomenon—the

pulse—is unquestionably produced by the systolic impulse on the column of blood contained in the arterial vessels. Moreover, as was explained to you elsewhere, there is but a slight action of the auricles during the first stage of ventricular dilatation; the real contraction of their muscular parietes being concerned in sending the last portions of blood into the ventricles at the termination of the interval of repose, and this auricular contraction being rapidly propagated through the muscular structure of the ventricles to the apex of the heart; so that the auricular and the ventricular systole form part, as it were, of but one movement, so progressively and intimately are they associated; and hence we can understand the common combination of hypertrophy of the auricles with hypertrophy of the ventricles.

[Here the physiology of a series of the heart's actions was explained by a diagram on the black board.]

In the case before us it will be borne in mind, that the bellows murmur was as distinctly succeeding to, and separable from the impulse of the heart against the chest, as is the normal second sound from the first sound of the organ. If, therefore, the impulse is occasioned by the combined auriculo-ventricular contraction, as it would seem to be, although the matter cannot be regarded as demonstrated, then the bellows murmur in this case must be owing either to the regurgitation of the blood through the aortic semilunar valves, or to some disease of the mitral valves, which obstructs the regular course of the blood from the auricle into the ventricle; and the fact that the sound is more distinctly heard as the ear approaches the apex, is confirmatory of this view of the subject. If, however, so much morbid alteration of the mitral valve is present as to account for the phenomena, it is not easy to understand, why, during the systole of the organ, there should not be decided physical evidences of mitral regurgitation; and, on the other hand, if the morbid change be in the semilunar valves of the aorta, the only hypothesis we can suggest for the murmur being more distinctly heard near the apex than the base of the heart is the existence of physical circumstances in the special formation of the chest, that may, in some manner, modify the ordinary transmission of the physical signs to the ear of the observer.

As to the therapeutics of these two cases, and indeed of all

organic affections of the heart, obviously but little can be done. They are structural changes, which cannot be reached by any system of medication. Certainly, in the whole domain of materia medica, we cannot find an article which exerts a positively curative influence upon the diseased structure; and we are consequently obliged to fall back upon general principles, which, although palliative in character, are oftentimes found to be productive of no little good. When within certain limits, such disease is not always speedily or necessarily fatal, and life may often be prolonged with comparatively little discomfort, by a judicious regulation of the habits and circumstances of the patient.

The great and troublesome palpitation in the first case, we shall endeavor to ameliorate by the exhibition of tinctura digitalis, given to the extent of twenty or thirty drops in the course of the day, carefully watching its operation, and arresting it when its sedative agency is exerted beyond the necessary extent. In the other case, we shall make use of no medicine whatever, but depend upon an exclusively hygienic treatment. Both patients we shall direct to live with the utmost abstinence, taking readily digestible food in quantity merely sufficient to support life. They must avoid stimuli of all kinds; observe strictly the antiphlogistic regimen; and maintain, at all times, quietude of mind and body, as far as this is practicable. In taking exercise care must be had to avoid every cause of undue excitement. They should not run, nor walk rapidly, nor climb steep ascents, nor lift heavy weights, nor, in short, make use of any unusual effort. Attention should also be directed to the digestive organs, derangement of which so constantly reacts on the cardiac functions. Nothing further shall be done at present than to direct them, in common with the others, to return a week hence, and report progress.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1852.

EDITORIAL COURTESY.

The editors of the Stethoscope, published at Richmond, Virginia, and the New Jersey Medical and Surgical Reporter, will please accept our thanks for their kindness in sending us proof sheets of the proceedings of the American Medical Association. Such courtesies are the more grateful from their rarity in these days of selfishness. We trust it may be in our power to reciprocate them.

Dr. Brown-Sequard, of Paris, has commenced a course of lectures on Experimental Physiology, in this city, which promises to be highly instructive and interesting. His lectures are illustrated by vivisections, and are intended to establish facts and theories in relation to electro-physiology, and the physiology of the nervous system and of the muscular tissue.

The name of Dr. Brown-Sequard is well known to all who have watched the progress of physiology during the last few years, as an able and enthusiastic cultivator of this department of medical science.

Our foreign and domestic retrospect, together with several bibliographical notices, and other matters prepared for this number, are unavoidably postponed to make room for the reports of the American Medical Association, and of the Pennsylvania State Medical Society. They will appear in the July number.

Dr. John Neill has been appointed Surgeon to the Pennsylvania Hospital. The hospital staff now consists of four surgeons and three physicians.

MEDICAL NEWS.

AMERICAN MEDICAL ASSOCIATION:

Abstract of Proceedings of its late meeting held at Richmond, Va., May 4, 1852.

[From the New Jersey Medical and Surgical Reporter.]

The Association met in the Second Presbyterian Church, at 11 o'clock. The President, Dr. Moultrie, of Charleston, S. C., in the chair.

Dr. James Beale, Chairman of the Committee of Reception, welcomed the delegates to the city of Richmond.

Dr. Haxall, Chairman of Committee of Arrangements, read a list of the delegates who were present, and registered.

Dr. Hays, of Pa., offered the following resolution :—

Resolved, That a committee of one from each State, to be selected by its delegation, be appointed to nominate suitable officers for the Association.

The resolution having been adopted, a recess of ten minutes was taken, to allow the delegations opportunity to appoint the Nominating Committee.

At the expiration of the recess the President announced the following committee.

Nominating Committee.

Isaac Lincoln,	*Maine.*	J. H. Dickson,	*N. C.*
Jeremiah Blake,	*N. H.*	H. R. Frost,	*S. C.*
Jacob Bigelow,	*Mass.*	C. B. Nottingham,	*Geo.*
H. W. Rivers,	*R.I.*	A. Lopez,	*Ala.*
Chas. Hooker,	*Conn.*	W. L. Sutton,	*Ky.*
Jos. M. Smith,	*N.Y.*	C. A. Pope,	*Mo.*
G. R. Chetwood,	*N.J.*	D. Tilden,	*Ohio.*
G. W. Norris,	*Penn.*	D. Brainard,	*Ill.*
H. T. Askew,	*Del.*	Z. Pitcher,	*Mich.*
G. S. Gibson,	*Md.*	J. H. Rauch,	*Iowa.*
C. Boyle,	*D. C.*	Paul T. Eve,	*Tenn.*
James Beale,	*Va.*		

After the calling of the Roll the President delivered the Annual Address.

The Nominating Committee then reported the following gentlemen officers of the Association for the present year.

For President—Beverlly R. Welford, M. D. of Va.

For Vice Presidents—Jonathan Knight, M. D,. of Conn., James W. Thomson, M. D., of Del, Thos. S. Simons, M. D., of S. C., Chas. A. Pope, M. D., of Missouri.

For Treasurer—D. Francis Condie, M. D. of Pa.

The officers thus nominated were duly elected, and the committee requested to nominate Secretaries, and to decide upon the next place of meeting.

On motion, Drs. John L. Atlee, of Pa., Haxall, of Va., and Eve of Tenn., were appointed a committee to wait upon Dr. Wellford, and announce his election, and conduct him to the chair. Dr. Wellford having taken the chair returned his thanks for the honor conferred upon him.

Dr. Haxall, of Va., offered the following preamble and resolution, which were unanimously adopted:—

"The American Medical Society in Paris being so constituted, that it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution;

"*Resolved*, That the delegates accredited to the Association by the American Medical Society in Paris, be, and are hereby invited to take seats in this body."

Dr. Paul Lajus offered the following resolution, which was adopted:

Resolved, That Dr. Brown-Sequard of Paris be invited to occupy a seat among the delegates at the present meeting of the Association.

Dr. Isaac Hays read the Report of the Committee on Publication, and the Report of the Treasurer. They were received, and the following resolutions appended to the report of the Committee of Publication were unanimously adopted.

Resolved, That the assessment for the present year be three dollars.

Resolved, That the Committee of Publication be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the Association as shall remit the amount decided upon by the committee within a specified time (to be fixed by them.) And that it shall be the duty of the said committee, to issue a circular, informing the members of the terms upon which the transactions will be furnished them.

Resolved, That the Committee be further authorized to take such measures in the disposal of the copies of the Transactions, remaining after all such members are supplied as shall comply with the terms set forth in the circular of the Committee, as they may deem expedient.

Dr. Hayward presented the report from the Committee on Prize Essays, and broke the seal of the packet, containing the name of the author of the essay entitled, "*On Variations of Pitch in Percussion and Respiratory Sounds and their application to Physical Diagnosis*," which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, N. Y., to whom the prize was awarded, and the report referred to the Committee of Publication.

The Report of the Committee on the Medical Botany of the U. S. for 1850-51 from Dr. A. Clapp, Conn., was presented and referred to the Committee of Publication.

Dr. R. W. Haxall, of Va., read a short report of the progress of the Committee on the Epidemics of Virginia and North Carolina, and asked to be continued; which request was granted.

On motion of Dr. Gooch, the Editorial Corps were invited to take seats on the floor.

The Secretary stated that he had transmitted copies of the preamble and resolutions of 1850–51, relative to assimilated rank of the medical staff of the army and navy, to the several departments ordered by the

resolutions, and that the chief of the Bureau of Medicine and Surgery at Washington, had approved the course recommended by the Association in a letter which was read. Dr. Pinkney, of the Navy, asked leave to read a memorial, which he had prepared to present to Congress on this subject, and which he sustained in a lengthened and forcible speech—after which Dr. Cox, of Md., offered resolutions expressive of the approval of the Association in the matter, &c. &c.—which resolutions were referred to a special committee.

Dr. Simons, of S. C., offered the following resolutions:

Resolved, That the American Medical Association do memorialize Congress to require all vessels bringing steerage passengers over to have a surgeon on board.

Resolved, That a committee of this Association be appointed to draw up a memorial to Congress, making such suggestions as they may deem fit as regards the importance of this measure.

The report of the Committee upon the Constitution, being the special order—Dr. Hays, chairman of the Committee, made a Report. Dr. T. Yardley, a member of the committee, presented a counter-report. Much discussion ensued, and many resolutions and amendments were proposed, and withdrawn in favor of the following resolution, offered by Dr. Thomas, of Md., and amended by Dr. Stewart of N. Y.

Resolved, That the two Reports, on proposed alterations of the Constitution, be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning in definite and proper form, such amendments as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

The resolution was adopted.

The Secretary read the following communication from the New York Academy of Medicine, which on motion was referred to the publishing committee, and ordered to be printed.

NEW YORK ACADEMY OF MEDICINE,
NEW YORK, *April*, 22, 1851.

SIR: I have the honor to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York Academy of Medicine, held April 21, 1852.

Whereas, The clinics, now held at the medical colleges, as at present conducted, are, or may be made tributary to the private interests of the professors, at the expense of other and younger members of the profession—depriving them, by an odious monopoly, of practice and operations, and often of *fees* to which they are justly entitled,

Therefore, Resolved, As the sense of this Academy, that to prescribe or practice upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinic, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice, and in either case is a violation of the code of medical ethics, adopted by this body.

Resolved, That the possible perversion of these clinics, to the private emolument of those conducting them, by transferring patients to their

private offices, and then exacting fees from those found able to pay, divests the clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

The Secretary was also instructed to forward a copy of these resolutions to the American Medical Association.

Respectfully yours,

JACKSON BALTON, M. D., *Recording Secretary.*

Dr. Eve, from the committee on nominations, recommended the following additional officers for the ensuing year:—

For Secretaries—Drs. P. Claiborne Gooch, of Va., and Edw. L. Beadle, of N. Y.

Committee of Publication—Drs. D. F. Condie, of Pa., Isaac Hays, of Pa., P. C. Gooch, of Va., E. L. Beadle, of N. Y., Isaac Parrish, of Pa., G. Emerson, of Pa., G. W. Norris, of Pa.

Committee of Arrangements—Drs. F. Campbell Stewart, of N. Y., John Watson, of N. Y., Wm. Rockwell of N. Y., James R. Wood, of N. Y., Robt. Watts, Jr., N. Y., Alfred Post, of N. Y., John G. Adams, of N. Y., H. D. Bulkley, of N. Y.,

On motion, the Report was received, and the gentlemen named were unanimously elected officers of the Association.

The Report of the Committee on "The Blending and Conversion of the Types of Fever," was next read by Dr. C. B. Williman, S. C. (in place of Dr. Dickson, not present,) and referred to the Committee of Publication.

Dr. Hayward, of Mass., presented and read a Report upon the Radical Cure of Hernia, which was also referred to the Publishing Committee.

Dr. Greene, N. Y., offered the following resolutions:—

Resolved, That at all future meetings of this Association, the reports of Committees and all contributions on scientific subjects, occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis may be read before the Association.

Resolved, That the above resolution be transmitted to the Chairman of each Committee.

The thanks of the Association were presented to the physicians and citizens of Virginia, to the Trustees of the Second Presbyterian Church, to the Committee of Arrangements, and to the Managers of the Danville Railroad Company, for their kindness and attention to its members.

The following committee was appointed to report what action this Association should take in order to procure, for distribution among the medical profession of the United States, a large edition of the medical statistics of the country, as furnished by the late census, viz.: Drs. Simons, of S. C., S. Boyle, of D. C., Summer, of Conn.

The following Committee was appointed to report on the relation between climate and pulmonary consumption, viz.: Drs. D. F. Condie, R. E. Rodgers, James M. Smith, Moultrie, and McGuire.

On motion of Dr. Rockwell, it was *Resolved*, That the Committee to memorialize Congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

The Nominating Committee reported the following special committees:—

D. F. Condie, Philadelphia, Causes of Tubercular Disease.

James Jones, New Orleans, The Mutual Relations of Yellow and Bilious Remittent fevers.

R. S. Homes, St. Louis, Missouri, Epidemic Erysipelas.

Charles D. Meigs, Philadelphia, Acute and Chronic Diseases of the Neck of the Uterus.

J. P. Jervey, Charleston, South Carolina, Dengue.

Daniel Drake, Cincinnati, Milk sickness, so called.

Dr. Lopez, Mobile, Prevalence of Idiopathic Tetanus.

George B. Wood, Philadelphia, Diseases of Parasitic Origin.

R. D. Arnold, Savannah, the Physiological Peculiarities and Diseases of Negroes.

Joseph Carson, Philadelphia, Alkaloids which may be substituted for Quinia.

S. D. Gross, Louisville, Ky., Results of Surgical Operations for the relief of Malignant Diseases.

James R. Wood, New York, Statistics of the Operation for the Removal of Stone in the Bladder.

Alexander H. Stevens, New York, Sanitary Principles applicable to the Construction of Dwellings.

G. Emerson, Philadelphia, Agency for the Refrigeration produced through Upward Radiation of Heat, as an Exciting Cause of Disease.

Henry J. Bigelow, Boston, The best Means of Making Pressure in Reducible Hernia.

A. T. B. Merrit, Richmond, Cholera and its Relations to Congestive Fever; their Analogy or Identity.

Ushur Parsons, Providence, R. I., Displacement of the Uterus.

H. F. Campbell, Agusta, Ga., Typhoid Fever.

Worthington Hooker, Connecticut, Epidemics of New England and New York.

Jno. L. Atlee, Lancaster, Pa., Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland.

R. W. Haxall, Richmond, Va., Epidemics of Virginia and North Carolina.

William M. Bolling, Montgomery, Ala., Epidemics of South Carolina, Georgia, Florida, and Alabama.

Edward H. Barton, New Orleans, Epidemics of Mississippi, Louisiana, Texas, and Arkansas.

Dr. Sutton, Georgetown, Ky., Epidemics of Tennessee and Kentucky.

Thomas Reyburn, St. Louis, Mo., Epidemics of Missouri, Illinois, Iowa, and Wisconsin.

George Mendenhall, Cincinnati, Ohio, Epidemics of Ohio, Indiana and Michigan.

Committee on Volunteer Communications.

Joseph M. Smith,
Jno. A. Swett,
Willlard Parker,
Gurdon Buck,
Alfred C. Post,
} all of New York.

The titles of the Reports on Epidemics and other special reports were read, and the Reports referred to the Committee on Publication.

The subject of altering several important provisions of the constitution presented in a majority and minority report, and both submitted by different portions of a committee, to whom the subject was referred last year, claimed a considerable share of attention in the Association, and much interesting discussion ensued in which some of the most distinguished men of our profession participated; and the Committe who were charged with condensing the subjects of both reports into one, so far as they could be made compatible with each other, presented a series of well-digested propositions, which, after free discussion and some alterations, were laid on the table till next year, then to be taken up and finally acted upon. These propositions embrace the absorbing question of delegation, and present a conservative policy, which may probably be adopted, as it is evident the Association is not yet fully prepared to exclude the schools from a representation at its meetings.

The Committee suggest that delegates shall be appointed for one year, that they shall hold their appointment from County and State Medical Societies, from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession, and from the medical staffs of the army and navy. The county, district, and voluntary chartered medical societies, shall have the privilege of sending one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half that number; while every State Society may send four delegates, and, in those States in which county and district societies are not generally organized, they shall be entitled to send one for every ten regular members, and one more for every additional fraction of more than half of this number. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics adopted by the Association. Every chartered medical college, acknowledging fealty to the code of ethics, having six professors, and giving a course of lectures of not less than sixteen weeks annually, requiring also of students three years study; and hospitals, and lunatic asylums, having accommodations for one hundred patients, shall be entitled each to one delegate. The University of Virginia, in consequence of its peculiar mode of instruction and examination, was mentioned as worthy of representation, notwithstanding it does not comply, in some respects, with the terms of the proposition; but the exception in its favor is only to be continued so long as the present system of teaching shall remain in force.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA,

At its Annual Session, Philadelphia, May, 1852.

PHILADELPHIA, MAY 26th, 1852.

The Medical Society of the State of Pennsylvania convened, pursuant to adjournment from the last annual session, in the Hall N. W. corner of Chestnut and Twelfth streets, and was called to order, at half-past eleven o'clock, A. M., by the President, CHARLES INNES, M. D., of Northampton county. On motion of Dr. WEST of Philadelphia, the President appointed a committee, consisting of Drs. WEST, Shannon, of Schuylkill, and Townsend, of Chester, to examine and verify the credentials of delegates. The committee reported the following :

[Those to whose names an asterisk is appended were in attendance during the session.]

Berks.—William Gries, M. D.,* Edward Wallace, M. D.,* D. L. Beaver, M. D.,* Caleb Leggett, M. D.,* P. G. Bertolet, M. D.,*

Blair.—J. M. Confer, M. D.,* John D. Ross, M. D.,*

Bucks.—William S. Hendrie, M. D., O. P. James, M. D.,* Ralph Lee, M. D., Samuel Carey, M. D., James S. Rich, M. D.,* Charles Foulke, M. D.

Chester.—Wilmer Worthington, M. D., Andrews Murphy, M. D.,* Joseph Hickman, M. D.,* John P. Edge, M. D.,* Septimus A. Ogier, M. D.,* A. K. Gaston, M. D.,* W. W. Townsend, M. D.,* Isaac R. Walker, M. D.,* Samuel H. Harry, M. D.,* Bartholemew Fussell, M. D.

Delaware.—Samuel A. Barton, M. D., M. Emanuel, M. D.,* R. K. Smith, M. D.,* George Martin, M. D.*

Erie.—C. F. Perkins, M. D.,* F. W. Miller, M. D.,* Jacob Vosburg, M. D., W. B. Williams, M. D., B. E Phelps, M. D.

Huntingdon.—J. G. Lightner, M. D.,* Jonathan H. Dorsey, M.D.,* Mordecai Massey, M. D., J. B. Luden, M. D.*

Lancaster.—F. S. Burrowes, M. D., F. A. Muhlenberg, M. D., John L. Atlee, M. D., Samuel Duffield, M. D., J. B. Stubbs, M. D., J. L. Ziegler, M. D., Joseph Gibbons, M. D., J. A. Ehler, M. D.,* Henry Carpenter, M. D., P. Cassidy, M. D.,* C. O. Richards, M. D., E. L. Baer, M. D., Thomas Ellmaker, M. D.

Lebanon.—J. Breitenbach, M. D.

Mercer.—John T. Ray, M. D.*

Mifflin.—George V. Mitchell, M. D.,* Thomas Van Valzeh, M. D.*

Montgomery.—Hiram Corson, M. D.,* H. Geiger, M. D.,* Wm. A. Van Buskirk, M. D.,* G. W. Wimley, M. D.*

Northampton.—Charles Innes, M. D.*

Perry.—A. C. Stees, M. D.*

Philadelphia.—G. B. Wood, M. D.,* Samuel Jackson, M. D., 8th street,* Joseph Pancoast, M. D., T. D. Mütter, M. D.,* H. S. Patterson, M. D.,* I. Parrish, M. D.,* Samuel Jackson, M. D., Spruce st.,* Wm. Pepper, M. D.,* I. Hays, M. D.,* George Fox, M. D.,* G. Emer-

son, M. D.,* A. Stillé, M. D.,* G. W. Norris, M. D.,* H. Bond, M.D.,* F. West, M. D.,* P. B. Goddard, M. D.,* T. F. Betton, M.D.,* E. F. Leake, M. D.,* A. Naudain, M. D., Ed. Janvier, M. D., J. M. Pugh, M. D.,* I. Remington, M. D.,* Jos. Warrington, M. D.,* G. W. Patterson, M. D.,* Wm. Mayburry, M. D.,* T. H. Yardley, M. D.,* D. F. Condie, M. D.,* Wm. Henry, M. D.*

Schuylkill.—Samuel H. Shannon, M. D.,* James S. Carpenter, M.D.,* David I. McKibbin, M. D.,* George Halberstadt, M. D.,* J. M. Koehler, M. D.

The Secretary, ISAAC REMINGTON, M. D., called the roll, and 53 delegates answered to their names.

Drs. E. W. Hale, of Mifflin, and C. W. Parish, of Chester, were admitted to seats by resolution.

On motion of Dr. FOX, the reading of the minutes of the last session was dispensed with.

On motion of Dr. SHANNON, the President read the annual address, prepared in accordance with the resolution of the last session.

This address was exceedingly eloquent and instructive, and was listened to with great interest and satisfaction by the Society. Dr. Innes adverted to the origin and present condition of the Society, and, while he congratulated the members upon what had been accomplished in the cause of progress, he could not admit that the survey was altogether as flattering as might be desired. It was certainly a matter of some reproach that the movement for a general organization of the profession in Pennsylvania had been so long deferred. Stimulated by the example of sister States, and at the immediate solicitation of the medical societies of the counties of Chester and Lancaster, the State Medical Society was organized in the year 1848—a movement which he felt he might safely say was not premature. This was the fifth annual session of the Society. The assemblage before him was certainly a very gratifying representation of the profession of the State, but he could not withhold the expression of his regret that so much territory within its borders remained unrepresented. Scarcely one third of the State had been represented at the last session, and but 17 of our 63 counties have formed auxiliary local associations. This was indeed lamentable apathy, and a far less cordial response of the profession than might have been expected. Whence, he asked, this reluctance to organize county societies? and why did so many of our brethren refuse to come into fellowship with us? He was indeed at a loss to understand this non-appreciation of the social and professional advantages to be derived from a commingling of the members of the profession. As regards the hostility to the county Societies, which had been elicited in some quarters, he must avow his frank conviction that it could proceed only from an absence of true professional spirit, and from an indisposition to look beyond individual aggrandisement. Indeed he must assign to selfish and mercenary motives the active opposition which had been advanced to the late attempts to organize the profession in our State, and he trusted that all who had remained aloof, from mere indifference, would not for the

future abstain from lending their names and influence to the cause of association.

Dr. Innes commented with deserved severity upon the sinister and sordid views which had induced many to abstain from uniting in this organization. He felt that a disinclination to adhere to a proper fee bill was a motive, with at least some, for standing off; and he handled with just and pointed sarcasm the "cheap doctors," who underbid their compeers, to obtain practice, and brought our noble profession down to the level of a mere trade. He cited, as worthy of imitation, the example of the Western Medical Society of Wisconsin, which obliged the Corresponding Secretary to invite all practitioners residing in the State to become members of the State Society, with a proviso that those who should fail to respond to the appeal, within six months, should be deemed irregular, and be cut off from professional intercourse. The Medical Society of Northampton county, Pennsylvania, had resolved to consult only with members of their own or other county societies. In Erie county, also, the members of the county Society had adopted the same course, and declined all professional recognition of those who remained without the pale of their organization. These measures might seem ultra, but they were called for by the exigencies of the case, and he urged a non-intercourse policy—the argumentum ad hominem—as the only means of reaching the recusants. Some other lever than moral suasion was certainly needed to move them.

In conclusion, Dr. Innes expressed his approval of the recommendations of the Philadelphia County Medical Society, as regards State representation in the National Medical Association.

On motion of Dr. GRIES, of Berks, the thanks of the Society were unanimously tendered to the President for the Address just delivered, and it was ordered to be published in the Minutes.

On motion of Dr. CONDIE, of Philadelphia, the President appointed the following Committee to audit the Treasurer's accounts: Drs. Condie, Ehler, of Lancaster, and Ross, of Blair.

On motion of Dr. HAYS, of Philadelphia, it was ordered that the President appoint a Committee of one delegate from each County to nominate Officers for the ensuing year.

Dr. HAYS, as Corresponding Secretary, announced that since last year, but one additional county, *Cambria*, had formed a County Medical Society.

The Auditing Committee now reported that they had examined the Treasurer's accounts, and found a balance in hand of $123.41. $150 had been received from the delegates during the past year, and $26.59 had been drawn out. The report was accepted and the Committee discharged.

Dr. CONDIE, from the Committee on Publication, reported that the Proceedings of the last session had been published and duly distributed in September last; and that the County Societies, with three exceptions, had forwarded the sums assessed upon them for the expenses of publi-

cation. He thought it proper to mention that the counties which had not yet forwarded their quotas, were Mifflin, York, and Lycoming.

Dr. VAN VALZEH, of Mifflin, stated that the amount due from Mifflin had been collected, and if it had not been forwarded, it was doubtless through want of opportunity.

Dr. EHLER, of Lancaster, moved that the balance remaining in the hands of the Committee on Publication, be paid over to the Treasurer.

Dr. HAYS suggested to Dr. Ehler to amend his resolution so as to authorize the Committee on Publication to retain the balance now in their hands.

But, after a brief debate, the resolution of Dr. Ehler was adopted in its original form.

On motion of Dr. CONDIE, it was resolved that no assessment be made upon the delegates for the present session.

The following resolutions were, on motion of Dr. CONDIE, adopted on the subject of Publication: 1st, the resolution passed at the last session, in reference to printing the Proceedings, was re-enacted in the same form; 2d, the chairman of the Committee on Publication was directed to pay over to the Treasurer all funds hereafter received from county societies, to be subject to the order of the Committee on Publication, together with the remaining balance in the Treasurer's hands, for the expenses of publication.

Dr. FOX, of Philadelphia, announced that he declined being considered a candidate for re-election to the office of Treasurer.

The Society now adjourned to half past four, P. M.

AFTERNOON SESSION.

The Society met, pursuant to adjournment, the President in the chair.

The President announced, as the Committee to nominate officers,—Drs. Hays, of Philadelphia, James, of Bucks, Gries, of Berks, Confer, of Blair, Murphy, of Chester, Martin, of Delaware, Perkins, of Erie, Dorsey, of Huntingdon, Van Buskirk, of Montgomery, Cassidy, of Lancaster, Van Valzeh, of Mifflin, Stees, of Perry, Shannon, of Schuylkill, Breitenbach, of Lebanon, and Ray, of Mercer.

The reports from the county Medical Societies were called for, and and were submitted and read seriatim. They were exclusively from the interior counties,—Philadelphia county, which presented so able a report last year, having this year been derelict. The reports were received by the Society with great satisfaction, and elicited the warmest commendation in all quarters, for the spirit, research and general ability by which they were characterized. It was felt by all who had the good fortune to listen to these interesting and instructive papers, that the Society had already accomplished much, in developing so large an amount of valuable statistical information on the medical topography and diseases of our State.

The counties from which reports were presented were, Schuylkill, Delaware, Mifflin, Chester, Lebanon, Blair, Bucks, Huntingdon, Berks, Erie, Lancaster, and Perry. The reports from the three last-named

counties were limited to notices of the proceedings, and lists of the officers and members of the county societies. A report, not presented, was prepared from Montgomery, which is to be handed to the Committee of Publication.

Dr. HALBERSTADT, of Schuylkill, presented and read the report from that county, appended to which was a beautifully executed geological chart of the county. This report, which was drawn up with admirable conciseness, contained a brief sketch of the organization of the county Medical Society, (now in existence seven years,) a statistical and topographical sketch of the county, with particular reference to the relation between its diseases and geological formations, and a history of the diseases which prevailed during the past year, with the treatment pursued, &c. The report recommended the Society to group together the same geological strata, in distributing the State among Committees for future reports, as the best means of accumulating general results. This suggestion, it will be seen by reference to the later proceedings, the Society adopted.

Dr. SMITH, of Delaware, presented and read the report from that county, which was also accompanied by a geological chart. This report contained a preliminary topographical and botanical notice of the county, with meteorological observations for the last four years; followed by a highly interesting account of the diseases observed in the county during the past year. The report expressed a disbelief in the opinion advanced in various quarters, that geological formations influence the development of disease, with the single exception of the prevalence of remittent and intermittent fevers in alluvial districts.

DR. CONDIE, (by request), read the report from Mifflin county, which was understood to have been drawn up by Dr. Henderson, of Mifflin, who was not present. This report, the first from Mifflin county, presented a detailed description of the topography and geological formations of the county, designed by the county society, to serve as a *primary* report, which should be the basis of future reports. This was followed by a very interesting sketch of the diseases prevalent in the county, from which we select one or two points which particularly arrested our attention. Diseases of malarious origin are of rare occurrence in the county. Epidemic dysentery is sometimes witnessed; and the exemptions from its visitations, claimed for the *limestone districts*, in the reports of Berks and other counties, has not been noticed in Mifflin. A circumscribed epidemic typhus fever prevailed some time since, which appeared to have been generated originally by decayed matter in a house overflowed with water, and which in its progress manifested the clearest characters of contagion.

The President presented the resignation by Dr. C. D. Gloninger, of the office of recording secretary, which, on motion, was accepted.

The Secretary presented and read the report from Chester county, which was chiefly taken up with descriptions of the diseases prevalent in various sections of the county, by the physicians of the respective localities. Although the committee expressed regret that they had not ob-

tained a more general response from the physicians of the county, they were enabled to present numerous highly interesting details of the medical topography of this large county, which contains, according to the report, one hundred regular physicians. With their next annual report, the Chester county society expects to furnish a geological map of the county.

Before the conclusion of this report, on motion of Dr. Gries, the Society adjourned to half past ten o'clock, A. M., the next day.

Second day's session, 27th of May, 1852.

The Society met pursuant to adjournment, the President in the chair.

The reading of the Chester county report was resumed and concluded.

Dr. C. W. Parish, of Chester, moved that the reading of the remaining reports be dispensed with. Dr. Stillé, of Philadelphia, moved as an amendment, that hereafter when reports of committees shall require more than fifteen minutes to be read, the reporters shall present and read abstracts of their contents. Dr. Parish accepted this in lieu of his own resolution.

A brief debate ensued, in which Drs. Stillé, C. W. Parish, and Gries advocated the reading of condensed abstracts of the reports of the county societies, rather than the reports at length; and Drs. I. Parrish, Wood, Emerson, and Hays, deprecated any attempt to cut them short. Dr. I. Parrish urged, that to listen to these reports was the chief purpose for which they had assembled, and he thought the time of the Society would be much better employed in this way, than in protracted discussions upon minor points of business.

On motion of Dr. Hays, Dr. C. W. Parish's motion was laid on the table.

Dr. Hays moved that a committee be appointed to devise a plan for the appointment of committees to collect accounts of epidemics, as they prevail through the different geological formations of the State.

At the suggestion of Dr. Emerson, of Philadelphia, the mover laid this resolution on the table, to be taken up hereafter.

Dr. Harry, of Chester, presented an Appendix to the Chester county report, which, on motion of Dr. Edge, of Chester, was referred, along with the original report, to the Committee on Publication.

Dr. H. S. Patterson, (by request), in the absence of Dr. Gloninger the reporter, presented and read the report from Lebanon county. It offered an interesting sketch of the medical topography of the county, and was accompanied by a well executed map.

The Secretary presented and read the report from Blair county, which was mainly devoted to a description of the prevailing diseases of the county, and the mode of treatment. The report asked the attention of the State Society to the culpable neglect of vaccination which prevails in many of the rural districts.

Dr. Rich, of Bucks, presented and read the report from that county. He stated that there had been no regularly constituted committee of the Bucks County Society, to prepare a report; but that the delegates had been charged with the duty. It had fallen to Dr. Rich's lot, though not

the first named among the delegates, to prepare the report, and as he had had but a short notice, and had received no information from the physicians of the county, he could not offer much. Bucks county, however, hoped to do better in future. Notwithstanding] the limited resources at Dr. Rich's disposal, he furnished many interesting details of the topography, geology, and diseases of the county. He expressed as the result of his observation, the opinion that the diseases of the county had depended essentially upon the geological formations.

The Secretary presented and read the report from Erie county, which was limited to a report of the proceedings of the county society. A complete report of the medical topography of that county is promised next year.

Dr. Luden, of Huntingdon, read the report from that county. It gave the topography and geological features of the county, but expressed difficulty in deciding, in so mountainous a region as Huntingdon county, how far the geological formations influence the development of diseases. Atmospheric vicissitudes, combined with malaria, appear to be the main causes of disease in that region. The whole valley of the Juniata is a malarious district.

The Report of the Berks County Society was now presented; but, as it was offered in a printed form, in two numbers of the Peoples' Advocate newspaper, of that county, it was objected to as irregular. After some debate it was referred to a special committee, to report at the afternoon session. Drs. H. S. Patterson, I. Parrish, and West, were appointed this committee.

The Secretary presented reports from the Lancaster and Perry County Societies, which were confined to lists of the officers and members of the Societies of these counties.

Dr. Ehler offered a resolution, expressing the regret of the Society at the death of Dr. George B. Kerfoot, of Lancaster, a member of the Society from its origin, and for two years its Recording Secretary. This was unanimously adopted, and the Secretary was directed to forward a copy of the resolution to the family of the deceased.

On motion of Dr. Ray, of Mercer, a similar resolution was adopted in reference to the late Dr. John Baskin, of Mercer, one of the Vice Presidents of the Society.

Dr. Hays offered the following resolution: "That the members of this Society, when associated for educational or other purposes, owe the same fealty to the code of ethics of the Society in their corporate and associate capacities, as they do as individuals." This resolution, Dr. Hays averred, was designed to express disapproval of the puffing strain indulged in by the Faculties of certain Medical Colleges in their Annual Circulars or Announcements.

Dr. Jackson, of Philadelphia, (of the University of Pennsylvania,) had no objection to the resolution, as an abstract proposition; but he was not aware that the practice of any of the Schools was such as had been stated. Nothing of the kind had come under his notice.

After a few remarks from Drs. Wood, Jackson, (late of Northumberland,) and Gries, the resolution was adopted.

Dr. Condie offered the following resolution: "That this Society holds all professional intercourse with irregular practitioners, of whatever name or pretensions, and all countenance of their peculiar views or mode of treatment, as a breach of professional ethics; a persistence in which should preclude the individual so offending from membership in any county Society, or, if he be already a member, should subject him to expulsion."

This resolution was briefly debated by Drs. Gries, Condie, Corson, Betton, Perkins, and H. S. Patterson. Dr. Patterson objected to re-enacting by simple resolution what was already a part of the organic law of the Society. If cases in violation of the principle of the resolution had occurred, other methods of reaching the offenders might be found. They should be brought before their respective County Societies, where they would be more speedily and efficiently dealt with. Dr. Patterson pointed out the authority granted by the constitution to the county Societies to punish delinquent members, and he also cited the article on Consultations from the Code of Ethics as covering the ground.

Dr. Condie now expressed himself satisfied that the subject was provided for in the quarter pointed out by Dr. Patterson, and thereupon withdrew his resolution.

The Society adjourned to meet at half-past four, P. M.

AFTERNOON SESSION.

The Society met, pursuant to adjournment, at half past four o'clock, P. M., the President in the Chair.

Dr. H. S. Patterson, from the committee to whom the Berks County report had been referred, reported: That the Committee deemed the publication in a newspaper irregular, but that it appeared to have been done merely for the convenience of the Society—Dr. J. L. Stewart, the writer of the report, being the Editor of the newspaper in question—and that no disrespect was intended to the State Society. Under these circumstances, the error being clearly from inadvertence, and the paper appearing to possess considerable value, the Committee recommended that it be received and read, and also that the Berks County Medical Society be admonished of the impropriety of the course pursued by them.

The report was adopted, and the report from Berks County was accordingly read by Dr. Wallace, of Berks, and was listened to with much interest and gratification by the Society.

After the report had been read, Dr. Wallace moved that a paper which had been read before the Berks County Medical Society, on the Epidemics of the County, be now read and added to the report of the Berks County Society as an Appendix. The motion was adopted, and Dr. Gries read an interesting paper, in which, after presenting a sketch of the diseases lately prevailing in Reading and its vicinity, he gave a lengthy account of a recent epidemic of *Catarrho-Nervous Fever*, which he had treated successfully with large doses of the sulphate of quinine.

Dr. Wallace presented and read a report from the Berks County Society, on the subject of spurious drugs, appended to which was a

series of resolutions, which were afterwards withdrawn by the Berks county delegation.

The reports from the County Medical Societies were, on motion, severally referred to the Committee on Publication.

The President presented the resignation by Dr. REMINGTON of the office of Recording Secretary; which, on motion, was accepted, to take effect from the close of the present session.

On motion of Dr. WIMLEY, of Montgomery, the Committee on Publication was authorized to receive the Report of the Montgomery County Society, if handed in before the publication of the Proceedings of the present session.

Dr. WIMLEY, in accordance with instructions from the Montgomery County Medical Society, offered the following preamble and resolutions:

Whereas, At the last meeting of the American Medical Association, the subject of amending the Constitution, so as to change the present mode of representation, was presented by a committee, and will be acted on at the next meeting of the Association, therefore,

Resolved, That the State Medical Society of Pennsylvania favors the principle of representation by delegates from *County*, *District* and *State* Medical Societies, as that most accordant with the genius of our institutions, and most likely to promote the permanency and success of the National Association.

Resolved, That the admission of delegates from Medical Colleges, Hospitals, and other Medical Institutions, although adapted to the forming stage of the Association, is no longer necessary; and is calculated to produce dissatisfaction amongst the mass of the profession, by creating privileged classes, and by giving an undue influence to physicians in large cities, over those residing in country districts and in the smaller towns.

Resolved, That restricting representation to *County*, *District*, or *State* Societies, and conferring upon the members of these bodies the right of membership in the National Association, will, in the opinion of this Society, offer a powerful inducement for Physicians throughout the United States to organize in their respective districts, and thus become constituent branches of the Association, and entitled to all the rights and privileges which such membership can confer.

Resolved, That the delegates from this Society be requested to lay these resolutions before the National Association, signed by the officers of the State Society, and that they use their exertions to have the principle of representation herein approved, adopted by that body.

Without taking any action on these resolutions, the Society adjourned to Friday, 28th, at 11 o'clock, A. M.

Third day's Session, 28*th May*, 1852.

Pursuant to adjournment, the Society met at eleven o'clock, A. M., the President in the chair.

On motion of Dr. WIMLEY, the Society proceeded to the considera-

tion of the Montgomery county resolutions on representation in the National Medical Association.

Dr. GRIES took the floor, in support of the resolutions, and read a written speech, of some length, in which he animadverted on the unnecessary multiplication of medical schools witnessed within the last few years, and on the almost total absence of a proper standard of examinations for degrees. He referred, in terms of warm commendation, to the admirable address of Dr. Jackson, (late of Northumberland,) delivered before the Philadelphia County Medical Society in February last, and expressed the hope that the State Society would endorse the principles urged by Dr. Jackson.

On motion of Dr. SMITH, of Delaware, it was now *Resolved*, That the members of the Society be not allowed to speak more than twice, or longer than ten minutes on the same question, without permission.

It was ordered that the Montgomery County resolutions be taken up separately.

Dr. HAYS moved to amend the first resolution, by inserting,—after the words "County, District, and State Medical Societies,"—"and a restricted representation from Medical Colleges, subject to certain conditions."

Dr. HAYS believed that the introduction of these resolutions was an attempt to manufacture public opinion on the subject, and to prejudge the question in advance of the action of the National Medical Association. Under existing circumstances, he admitted that it was inexpedient to continue, unchanged, the present plan of representation in the Association. It was certainly unequal. But, in endeavoring to remedy this inequality, we should not go too far, lest, in the end, we overreached ourselves. If we exclude the Colleges entirely from representation in the Association, they become our masters. Allow them a restricted representation—he was not for extending it beyond a single representative—and we control them. By thrusting *all* the schools out of the Association, the good and the bad together, we shall be really giving countenance to those whose course is disgracing the profession. Say that those only who come up to the conditions laid down by the Association, and who comply in good faith with its requisitions, shall have a place, and you will encourage the well disposed schools to persevere in their efforts at improvement and reform, and ultimately break down those who pursue a contrary course. He said that the Committee of the National Medical Association, to whom this subject had been referred, proposed to allow one representative in the Association to all Colleges which had six professors, which gave an annual course of at least sixteen weeks, and which exacted from candidates for graduation, that they should be twenty-one years of age, have studied for three years, two of which must have been with some respectable practitioner, and should have attended two full courses of lectures. He was strongly of opinion, that if we desired to see the schools come up to this standard, we should not shut them out of our ranks. If we continued to receive representatives from them, he believed that we should ultimately destroy all who refused to comply with our demands.

Dr. H. S. PATTERSON thought that the thanks of the Society were due to Dr. Hays, for presenting the question in a nut-shell. The question was now clearly, whether the members of the medical schools were to sit in the National Association as *individuals* or as *professors*. As regards the feeling of the schools on this point, he was pretty certain that they did not ask the privilege as a body, and that very many faculties were not at all strenuous about retaining it. Be this as it may, however, we have the question now directly brought to an issue, by the Montgomery County resolutions on the one side, and Dr. Hays' amendment on the other. Dr. Hays' argument, that we should keep the schools in the Association to have them under control, Dr. Patterson said, appeared to him like the idea of "marrying a man to get rid of him." He really could see no force in it. But he could see much force in the objections urged against the inequality and injustice of the privileges claimed for the schools. To allow a faculty of six professors one representative—for they could not go below one—was certainly to establish a very great disproportion between professors and members of the county medical societies. And, besides this, there was another injustice; the professors were twice represented, once from the faculties, and again from the societies. Now, there was a very general feeling, which, whether just or not, it was wise to respect, that this distinction ought not to be made between professors and other members of the profession. It savored of an oligarchy; it made a sort of upper house, although sitting in the same body. It were far better for the gentlemen of the schools to come down to the same level with their brethren, and to consent to make the National Association a purely representative body. He was for adopting an equal ratio—not so high as to exclude sparsely settled districts, but, on the other hand, not low enough to make the Association an indiscriminate crowd. And he thought there would always be a fair proportion of professors in the body, as in fact they often went there now, from this city, as representatives of the College of Physicians, and of the County Medical Society. There need be no fear, he thought, that the Association would lose a control over the schools, because they were not to be allowed to knock at their doors with the privileges of close bodies. They would always be within the reach of a sound and healthy public opinion; and this they would never defy. At all events, he had little faith in the efficacy of mere legislation. And he was satisfied that the establishment of an inquisitorial censorship over the Colleges, such as Dr. Hays' plan seemed to imply, was exceedingly difficult. It would certainly lead to a delicate and dangerous assumption of power, which would be always most reluctantly exercised, from an indisposition to establish personal enmities.

Dr. HAYS reiterated his views.

Dr. I. PARRISH expressed his cordial approval of Dr. Patterson's remarks.

Dr. CONDIE was in favor of the amendment of Dr. Hays. His own opinions, which he had long since expressed, were in accordance with the tenor of the Montgomery county resolutions; but he knew that the sentiments which prevailed in the National Association were the other

way, and he thought it inexpedient to tie the hands of the representatives whom we sent there, lest our vote should be lost. It was best for the present to be content with a *restriction* of college representation, and not to endanger the whole plan for improving the representation of the Association, in the attempt to accomplish too much.

The question was now taken on the amendment of Dr. Hays, and it was lost—yeas 20, nays 25. The first resolution of the series was then adopted.

The second resolution coming up, Dr. STILLÉ urged, that there was a palpable impropriety in the use of the language, "that the admission of delegates from colleges, &c., produces dissatisfaction among the mass of the profession;" as, on the contrary, the feeling at the late meeting of the National Association was nearly unanimous in favor of retaining a restricted representation of the colleges.

Dr. WOOD said, that although his position prevented him from taking part in the discussion on the main question, he must be permitted to observe that the close vote just taken here, (20 to 25,) made it pretty obvious that the feelings of the great mass of the profession were less earnest on the subject than the resolution claimed.

After some further discussion, the second resolution was laid on the table, and Dr. Wimley subsequently withdrew it.

Dr. HAYS hoped the third resolution would be also laid on the table.

Dr. PARRISH urged its passage, deeming it strictly in conformity with the first resolution. It was adopted without a division.

Dr. STILLÉ moved to lay the fourth resolution on the table. This motion was lost, and the resolution was then adopted.

The preamble was then adopted.

Dr. EMERSON offered a series of resolutions which were adopted unanimously, urging it, as an imperative duty, on all regular physicians in the State, to connect themselves with the county societies now organized, or to organize them in counties where they do not exist; and the county societies are requested to have these resolutions published in the newspapers of their localities.

Dr. EMERSON made a report from the special committee appointed at the last annual session, to investigate the conclusions put forth by Drs. Gregory, of London, and Cazenave, of Paris, in relation to variola and vaccination. These conclusions are not sustained by the committee.

Dr. EMERSON, from the Committee appointed at the last session, to memorialize the Legislature for the passage of an act to secure the gratuitous vaccination of the poor throughout the commonwealth, reported that the memorial had been printed and distributed. The committee was continued.

On motion of Dr. CORSON, the committee on Publication was instructed to distribute the 150 copies of the Proceedings of the last session, remaining undisposed of, to prominent physicians of counties which have not yet organized county medical societies throughout the State, and to urge on them the immediate organization of county societies.

On motion of Dr. FOX, the resolution adopted at the first meeting of

the present session, appropriating all the funds of the Society to the Committee on Publication, was reconsidered, and afterwards amended, by inserting the words, "after defraying the necessary expenses of the Society."

Dr. GRIES asked and obtained permission to withdraw the Berks county report on spurious drugs.

Dr. CORSON, in behalf of the Montgomery County Medical Society, offered a resolution inquiring of the State Society the legitimate construction of sec. 3d, art. 6th of the constitution: "Whether the said section applies to any others save those who actually compound, prepare and sell secret or patent medicines; or whether it applies equally to wholesale and retail druggists, or those who sell them, as one of the unavoidable results incident to the keeping of a drug store." Referred to a special committee, consisting of Drs. H. S. Patterson, Mayburry, and Wallace.

Dr. HAYS, from the Committee on Nominations, made a report, which was objected to by Dr. Fox, on the ground that one of the persons nominated was constitutionally ineligible, not being a delegate. The report was referred back to the Committee.

Dr. SMITH, under instructions from the Delaware County Medical Society, submitted a report on the subject of gratuitous attendance on the poor. At the suggestion of Dr. CONDIE, it was laid on the table till the afternoon.

The President announced Drs. Condie, I. Parrish, and Norris, as members of the Committee on Publication in addition to the ex-officio members.

The Society adjourned to four o'clock, P. M.

AFTERNOON SESSION.

The Society met, pursuant to adjournment, at four o'clock, P. M., the President in the Chair.

On motion of Dr. CONDIE, the Society took up the Report of the Delaware County Society on the subject of gratuitous attendance, when a report was read, which had been presented to the Philadelphia County Society on the same subject. This report expressed an opinion adverse to any action on the subject, which contravened the established usages of the profession, as laid down in the Code of Ethics. While not disposed, however, to narrow the limits within which the benevolence of the profession had been extended, the committee laid it down as a principle that medical attendance on paupers should be provided for at the expense of the community in which they lived. Almshouses should certainly be expected to compensate their medical officers; while, however, in hospitals supported by private charity and by funds bequeathed by charitable individuals, the services of physicians might with propriety be rendered gratuitously, the reputation accruing therefrom being considered a sufficient remuneration.

Dr. SMITH would not have it supposed that there was a single word in the Philadelphia County report to which any member of the Delaware County Society took exception. But he thought the state of

things in the country, on the subject of what was termed out-door attendance on paupers—whatever might be the rule in Philadelphia—was such as to call for the appointment of a committee to take the subject into consideration.

A brief debate ensued, in which Drs. Perkins, Corson, Emerson, Henry, Hays, and Condie participated; and, finally, on motion of Dr. CONDIE, the reports from both counties were referred to the Committee on Publication.

Dr. HAYS called up his resolution for the appointment of a committee to devise a plan for the arrangement of committees to report on diseases in connection with geological formations. It was adopted, and Drs. J. P. Hiester, Halberstadt, and Corson were appointed the committee.

Dr. H. S. PATTERSON, from the Committee to whom the queries of the Montgomery County Society had been referred, reported: That the Montgomery County Society be informed, that no one, who is in any way connected with the manufacture or sale of patent medicines, can be allowed to become or remain a member of State or County Society.

Dr. HAYS, from the Committee on Nominations, reported the following list of Officers for the ensuing year, and, on motion, the persons nominated were unanimously elected.

President.—HIRAM CORSON, M. D., of Montgomery.

Vice-Presidents.—GEORGE HALBERSTADT, M. D., of Schuylkill, JOHN T. RAY, M. D., of Mercer, J. D. ROSS, M. D., of Blair, C. F. PERKINS, M. D., of Erie.

Recording Secretaries.—HENRY S. PATTERSON, M. D., of Philadelphia, JOSEPH GIBBONS, M. D., of Lancaster.

Corresponding Secretary.—ISAAC HAYS, M. D., of Philadelphia.

Treasurer.—FRANCIS WEST, M. D., of Philadelphia.

Censors.—1st and 2d districts, G. B. WOOD, M. D., and G. W. NORRIS, M. D., of Philadelphia, WILMER WORTHINGTON, M. D., of Chester, JESSE YOUNG, M. D., of Delaware, J. W. GLONINGER, M. D., of Lebanon. 3d and 4th districts, J. M. DORSEY, M. D., of Huntingdon, J. H. CASE, M. D., of Perry, WM. MCILVAINE, M. D., of York, JOS. HENDERSON, M. D., of Mifflin, THOS. WOOD, M. D., of Lycoming. 5th and 6th districts, C. F. PERKINS, M. D., of Erie, W. McK. MORGAN, M. D., J. P. GAZZAM, M. D., J. DICKSON, M. D., and W. ANDERSON, M. D., of Alleghany.

Delegates to the American Medical Association.—C. INNES, M. D., of Northampton, ISAAC THOMAS, M. D., of Chester, F. S. BURROWES, M. D., of Lancaster, JOS. CARPENTER, M. D., of Schuylkill, THOS. VAN VALZEH, M. D., of Mifflin, R. E. JAMES, M. D., of Northampton, JAS. R. MCCOY, M. D., of Bucks.

On motion of Dr. EMERSON, it was resolved, that when the Society adjourns, it adjourn to meet in the city of Philadelphia, on the fourth Wednesday in May next.

On motion of Dr. CONDIE, the Delegates to the American Medical Association were authorized to appoint substitutes, in case of their inability to attend.

Dr. INNES now vacated the chair, and, in retiring from its duties, he expressed his acknowledgements to the Association, for the kindness and courtesy, which had been extended to him.

Dr. CORSON, President elect, was conducted to the chair by Dr. INNES, and in a few neat remarks returned thanks for the honor conferred.

On motion of Dr. CONDIE, Dr. Corson was requested to furnish an abstract of his address on taking the chair, for record in the minutes.

Votes of thanks were passed to the officers, and to the Philadelphia county delegation, and the Society adjourned sine die.

[The whole number of delegates in attendance, who signed the roll, was sixty-seven.]

THE VOLTAIC PILE.—The President of the French Republic has published a decree offering a reward of 50,000 francs (2,000*l.*) to such persons as shall render the voltaic pile applicable with economy to manufactures, as a source of heat, or to lighting, or chemistry, or mechanics, or to practical medicine. Persons of all nations may compete for this prize, and the competition is to be open for five years.

The Union Medicale states that in 1812 there were 537 medical men practising in Paris, whilst in 1851 there were 1,352, being an augmentation of 815 in 40 years. The population of Paris in 1812 was 547,756 inhabitants, or 1,018 persons for each medical man; at present it is 900,000, or 666 for each medical practitioner.

NOVEL TREATMENT OF ANEURISM.—We have been much interested during the last few weeks in watching the progress of a case of aneurism of the subclavian artery under the care of Mr. Fergusson, in which a novel and ingenious method of treatment has been adopted. In imitation of an occurrence which occasionally happens by accident in cases of aneurism, viz., displacement of the mass of fibrine, or a portion of it, which is usually present in such tumours, whereby, in consequence of alteration in the current of the blood, a spontaneous cure results, Mr. Fergusson has, by manipulation of the tumour, thrown loose a portion of the fibrine in the case alluded to, with the effect of instantaneously arresting all pulsation in the upper limb. In four days a feeble pulsation at the wrist could be detected, but the axillary has been pulseless since. The tumour itself, which was at first about the size of a small hen's-egg, has diminished considerably, and the throbbing within is now little greater than in the subclavian artery of the opposite side, while it has become more solid to the touch. To those familiar with the pathology and treatment of aneurism, and especially the fatal results which have hitherto followed all attempts at cure by operation on the subclavian on the tracheal side of the scaleni muscles, we need hardly point out the interesting character of the case now under Mr. Fergusson's care.—*Medical Times and Gazette, March* 6, 1852.